S. HRG. 103-436

WITNESS TO DOMESTIC VIOLENCE: PROTECTING OUR KIDS

Y 4. L 11/4: S. HRG. 103-436

Witness to Domestic Violence: Prote... HRING

BEFORE THE

SUBCOMMITTEE ON CHILDREN, FAMILY, DRUGS AND ALCOHOLISM

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

ON

EXAMINING THE EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN, AND RELATED MEASURES INCLUDING S. 1572 AND S. 870

OCTOBER 28, 1993

Printed for the use of the Committee on Labor and Human Resources

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WITNESS TO DOMESTIC VIOLENCE: PROTECTING OUR KIDS

THURSDAY, OCTOBER 28, 1993

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN, FAMILY, DRUGS AND ALCOHOLISM, OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:10 a.m., in room SD–430, Dirksen Senate Office Building, Senator Christopher Dodd (chairman of the subcommittee) presiding.

Present: Senators Dodd, Wellstone, and Wofford.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. The subcommittee will come to order.

First of all, let me apologize to everyone for being a couple minutes late, particularly to my colleague, Senator Wellstone; but I was making some remarks on the floor. We are opening up the discussion of the health care reform package this morning.

I would like to welcome everyone here this morning to the Subcommittee on Children, Family, Drugs and Alcoholism hearing entitled, "Witness to Domestic Violence: Protecting our Kids."

We live in a time when violence is growing more and more prevalent in our streets and in our public areas. For most Americans, entering their homes and closing the door shuts out this violence. But for many, mostly women and children, the door does not shut out the violence because the violence resides behind that door, inside the home.

It is estimated that each year, 3 to 4 million women are beaten by their husbands or partners. Spouse abuse is the number one cause of injuries for which women seek medical attention in the United States of America. Spouse abuse causes more serious injuries in women than automobile accidents, muggings, and rapes combined. The statistics tell us that today, like every other day of the year, four women in this country before the day ends will be killed by their male partners.

As made eloquently clear at an art exhibit sponsored by Senator and Mrs. Wellstone this week in the Russell Building Rotunda, the victims of domestic violence and their children become silent witnesses to the failure of our society to hear their cries, or indeed, to allow them to cry at all.

Many victims of domestic violence remain silent out of fear or shame, afraid to reveal their terrible secret to even those to whom

they are closest. Many are afraid that the violence will get worse, or that no one will believe them, or that they will be blamed.

Women are not the only witnesses to domestic violence. Many battered women are also mothers. Some children see what happens to their mothers. Others hear it going on behind closed doors, or see mom's bruises in the morning.

Witnessing the trauma of their mothers can lead to a range of psychological and behavioral problems in children, including depression, nightmares, and anxiety disorders.

The risk to the children is physical as well. Children in homes that have seen domestic violence are much more likely than other children to be abused themselves. And studies of abused children in New Haven and Boston have found that as many as 70 percent of those with serious abuse had mothers who were themselves battered.

In some of these cases, child abuse is used as a form of spouse abuse. What better way to torment a woman than to inflict harm on her children?

Several of our witnesses today will talk about the effects of domestic violence on children. As we will hear, children are also a key factor in battered women's decisionmaking process. Often, a desire to keep the family intact for the children's sake—how many times have we heard that—can keep a woman in an abusive situation. In other cases, fear for her children's safety can be a powerful incentive for a woman to leave.

A woman's decision to leave is a profound act of bravery, for she will most likely be leaving all her possessions and facing, at the very least for the immediate future, a life of poverty. Her children will be leaving their friends, their schools, and familiar surroundings.

The support and resources offered by domestic violence shelters can be critical to a battered woman's success at starting a new life. These shelters see the problems of both mother and children as interconnected and requiring a response that encompasses the entire family.

But as we have learned in reauthorizing the Family Violence Prevention and Services Act last year, there are far too few shelters for the number of women who need them. That legislation expanded the resources for shelters as well as for services to victims and their children. The program this year received $27.6 million in funding, a $3 million increase over last year. Despite the increase, however, the resources we devote in this area remain woefully inadequate.

While some women flee their homes to escape the violence, the danger of abuse does not end once the separation is complete. The violence in fact frequently continues.

In most cases, the children will remain in contact with the abusing parent. Visits with this parent can revive the emotional trauma of the abusive home life for both mother and children, and in many cases, the actual physical abuse continues as well.

Up to 75 percent of domestic assaults reported to law enforcement agencies occur after separation. Let me repeat that. Up to 75 percent of domestic assaults reported to law enforcement agencies

occur after the separation occurs. Some experts believe children are more likely to be abused after separation as well.

Today we will hear testimony on several responses to this terrible problem. One of these approaches, the supervised visitation center, is embodied in a very thoughtful piece of legislation authored by my colleague and friend, Senator Paul Wellstone. He and Sheila Wellstone, who is with us this morning, have taken this issue to heart and have become outspoken advocates for the rights of domestic violence victims not just in their home State of Minnesota, but for women and children all across this country.

I want to point out here, however, as I am sure Senator Wellstone will also, that the kind of supervised visitations discussed in his bill are not limited to domestic violence cases. And it is by no means always the father who is placed under such supervision.

Supervised visitation may be required or desirable in a variety of situations, although as we will hear, domestic violence and child abuse case are among the most compelling.

We need to respond on many levels to domestic violence and its effects on children. In the Family Violence Act, we have sought to provide services to help women escape the violence and to begin their lives anew.

We also recognized in the reauthorization enacted last year the relationship between domestic violence and child abuse by planting the seeds for a more unified response to the problems of mothers and children alike. Certainly, child protection agencies have not always been sensitive to the likelihood that many mothers they deal with are themselves being abused.

Addressing domestic violence and relieving the burden of its youngest witnesses requires a concerted response across many sectors, including the criminal justice system, the medical profession, child welfare agencies, violence prevention programs, and programs for domestic violence victims.

I believe we have made some good strides in raising public awareness to this issue over the last decade or so. Yet I think we would all agree, or at least I hope we can all agree, that we must still push for the recognition that domestic violence is not a private matter. It is not something that should remain behind those closed doors. Rather, it is an urgent cause for our entire society. The very lives of our mothers and our children are at stake. And that is not hyperbole.

Senator Wellstone.

Opening Statement of Senator Wellstone

Senator WELLSTONE. Mr. Chairman, I would just rather have a written response included as part of the record because I think that you have spoken with a great deal of power and eloquence.

I would just thank you for conducting these hearings today. I really appreciate your leadership as chairman of this subcommittee. Sheila and I, and more important than Sheila and I, I think all of us who care fiercely about these problems and about these issues of family violence, very much appreciate your commitment and your support, and we are going to need your commitment and support.

The only other thing I would say from the heart is that I have really been heartened by the response of colleagues who have come up to me in the last several days—and I think maybe this is the way to do it—they have walked over on their own, by themselves, and witnessed "The Silent Witness" displayed from Minnesota, and have just tried to think about what it means. And they have said they have been genuinely moved.

So I guess I would say that that is a very, very important first step, and it will lead to a very, very important second step, which will be really good legislation that we can pass, with policy that we can pass that will make a very, very positive and important difference.

I thank you.

[Additional material supplied by Senator Wellstone follows:]

U.S. Senator Paul Wellstone

Wellstone Initiative for Safe Homes

For more information call Sherry Ettleson (202) 224-5641.

Summary of the Child Safety Act, S.870

The prevalence of family violence in our society is staggering. Studies show that 25 percent of all violence occurs among people who are related. Data indicates that the incidence of violence in families escalates during separation and divorce. Many of these assaults occur in the context of visitation. The Child Safety Act, sponsored by Senator Paul Wellstone (D-MN), and Senator Daniel Inouye (D-HI), authorizes funds to create supervised visitation centers for families who have a history of violence. Supervised visitation centers would:

- o Provide supervised visitation for families where there has been documented sexual, physical, or emotional abuse.
- o Provide supervised visitation for families where there is suspected or elevated risk of sexual, physical, or emotional abuse, or where there have been threats of parental abduction of the child.
- o Provide a safe and neutral place for parents to visit with children who have been put in foster care because of abuse and/or neglect.
- o Provide a safe location for custodial parents to temporarily transfer custody of their children to non-custodial parents.
- o Serve as an additional safeguard against children witnessing abuse of a parent or sustaining injury to themselves.

The Child Safety Act authorizes $30 million in the first year. These funds could support the establishment and operation of approximately 100 centers across the United States. The Child Safety Act requires grant recipients to submit an annual report to the Secretary of Health and Human Services on the volume and type of services provided at the supervised visitation center. Twenty percent of the grants made under the Child Safety Act would support the establishment of special visitation centers created to study the effectiveness of supervised visitation on sexually and severely physically abused children. These centers would be staffed with qualified clinicians and would have enhanced data collection capabilities. From the reports submitted by grant recipients, the Secretary would prepare and submit a report to Congress on the effectiveness of supervised visitation centers.

SUMMARY OF S. 1572

DOMESTIC VIOLENCE COMMUNITY INITIATIVE ACT OF 1993
Introduced by Senator Mark O. Hatfield
October 20, 1993

* **The Domestic Violence Community Initiative Act of 1993 authorizes demonstration projects that will coordinate strategies at the community level to attack domestic violence.**

* **This concept is being looked at in some communities around the country with the cooperation of representatives of various areas including:**

1. **State Children Services Division**
2. **Health care providers**
3. **Education community**
4. **Religious community**
5. **Justice System**
6. **Domestic Violence Program Advocates**
7. **Business and Civic Leaders**

* The idea arose out of meetings with community representatives and visits to shelters and schools in Oregon that I conducted late last year. I was struck by the tragic stories of women I met who were staying in these shelters, often with their small children.

* It appeared that, while hard work is being done in each community sector, there was not coordination in their goals and operations. Some statewide programs exist, but none coordinate all of the entities to get at the difficult aspects of this problem on the local community level.

* The bill authorizes the expenditure of up to $20 million in grants to demonstration projects in various communities around the country to be chosen by the Secretary of Health and Human Services.

* The projects will develop action plans to direct responses to domestic violence within each community sector that are in conjunction with developments in all other sectors. These plans would include efforts towards prevention, intervention and general awareness of the problem.

* Project Councils will be made up of representatives of the various community sectors. Steering Committee members will chair subcommittees of the Council which will focus on the particular problems and possible solutions in each community sector, and will share this information with all of the other subcommittees.

* Just as in other programs authorized under the Family Violence Prevention and Services Act, this demonstration program will be evaluated for its effectiveness every two years by the Secretary of Health and Human Services.

The Silent Witnesses

Sponsored by Senator Paul D. Wellstone

An exhibit remembering women who have died as a result of domestic violence.

October 26-29, 1993
Rotunda of the Russell Senate Office Building
Delaware and Constitution Avenues, NE
Washington, D.C.

This memorial was created by Arts Action Against Domestic Violence in cooperation with the Minnesota Women's Consortium and the Minnesota Coalition for Battered Women

Opening Ceremony:
Tuesday, October 26, 1993
at 5:30 PM
(Open to the Public)

Donna Lavander
Age 27
April 22, 1990

She was the mother of two children. She lived in Parkers Prairie. She was shot in the head by her husband, who then committed suicide. She survived for two days. Her children, ages 5 and 9, were at home at the time of the shooting and survive her.

October is Domestic Violence Awareness Month. A Congressional hearing on the issue of domestic and family violence, including the Wellstone Child Safety Act (S. 870), will be held on Thursday, October 28, 1993, at 10:00 AM.

For more information contact Sherry Ellieson, (202) 224 5641; Press/media inquiries contact Pam McKinney, (202) 224-8440.

Criminal Justice Division
of Judiciary

Kathleen Vellenga
Chair

Phil Carruthers
Vice Chair

Minnesota
House of
Representatives

D Bishop, K Blatz, C Brown, P Carruthers, T Dempsey, L Gresnfield, J Janezich, R Kelly,
M Marsh, H Orenstein, S Pappas, A Rest, A Seaberg, D Swenson, J Wagenius

COMMITTEE STAFF: Mark Lynch, Committee Administrator
Patricia Larson, Committee Secretary

TO WHOM IT MAY CONCERN:

It would be a great benefit to both children and parents if more safe visitation centers could be established. The most difficult effect of divorce and separation upon children is the resulting tension between their parents. Children get caught in this tension, remain caught, if they continue their relationship at all. For parents who have been abused by their spouse, the contact involved in most visitation can be very dangerous. In an effort to diminish this danger, arrangements are made to meet at fast food places, relatives, even a hospital lobby! I have been informed of visitation arrangements so difficult it is impossible to imagine anything positive happening for the children, and the abused parent is not really safe in these situations either.

At a safe visitation center the experience is not only safer for the children and parents, the experience can be a positive one for the visiting parent.

VIGILANCE
P.O. Box 201141
Bloomington, MN 55420

October 15, 1993

Senator Paul D. Wellstone
UNITED STATES SENATE
717 Hart Senate Office Building
Washington, D.C. 20510-2303

Dear Senator Wellstone:

Vigilance commends you for introducing the "Child Safety Act." This legislation is crucial if children in America are to be guaranteed lives and rights free from harm. We most fervently urge your colleagues in the Senate and House of Representatives to enact this bill into law.

Vigilance is an organization seeking protection for children from further child sexual abuse. Concerned parents and caring others have united to advocate for children and their rights in child sexual abuse cases.

Incest is the most prevalent form of child sexual abuse. Incest violates children's innocence, love, and dependency upon trusted adults. Tragically, 66% of alleged perpetrators of child sexual abuse are related to their young victims. The majority of these offenders are fathers or stepfathers. The majority of these victims are younger than nine years old.

The legal system struggles with these cases combining issues of child molestation and parental visitation. Unfortunately the courts' propensity toward denial and disbelief often sentences children to continued suffering. Distracted by the dynamics of abuse between the parents, the legal system sometimes fails and forgets the best interests of the children.

Judges juggle the rights of children to protection with the rights of parents to access. Supervised visitation at children's safety centers offers courts a compromise which does not compromise children's safety. Currently many children are being placed at risk because places such as these do not exist. Many of our members are told they were "lucky" to receive any form or amount of supervised visitation for their children. It is not uncommon for courts to order limited supervision by the relatives of the alleged perpetrators. While such court orders are most puzzling, it is even more baffling when courts order unsupervised visitation for children in cases of substantiated or suspected sexual abuse. These children are truly "unlucky."

Thanks to Minnesotans such as Paul and Sheila Wellstone and Kim Cardelli, some children in our state are among the "lucky" ones. A few children's safety centers offer children a supportive and protective environment when visitation continues between children and their alleged perpetrators. It is critical in civil proceedings on behalf of children in cases of incest that visitation be supervised by neutral professionals trained in the dynamics of domestic abuse and child abuse. These centers insure no further opportunities for abusers to hurt children or suppress children's allegations.

Children's safety centers offer the necessary balance of intervention and visitation for families which courts demand. They also provide children a step toward healing and wholeness. Vigilance admires you, Senator Wellstone, for thoroughly comprehending the correlation between the domestic abuse of women and the sexual abuse of children. Your bill focuses upon the welfare of children and remembers the economic and therapeutic elements necessary for children's success at the centers.

Vigilance also applauds your recommendations for clinical studies regarding the effectiveness of supervised visitation. It is fundamental to children's interests to understand when supervised visitation might jeopardize particular children. The data from these studies would greatly benefit all assigned with protecting our nation's children --- judges, guardians ad litem, child protection workers, attorneys, social workers, and therapists.

Child sexual abuse is a family and a social problem. The effects of incest extend beyond the home and into the street as teen suicide, teenage pregnancy, juvenile crime, chemical abuse, prostitution, and crimes against children. Without intervention the cycle can continue as children become perpetrators themselves.

Incest and divorce may threaten our concepts of families and family values. Refusing to recognize these realities jeopardizes the health of families and communities. Minnesota has begun to remember children with the children's safety centers. The need is staggering and many children wait on lists.

Vigilance entreats the Congress of the United States to not betray children. Senator Wellstone, we shall hope they do right by families and constituents in their states and vote on behalf of the "Child Safety Act." The safety of all our children should be a right, not a matter of luck.

Sincerely,

Vigilance

ADULT COURTS DIVISION
DOMESTIC RELATIONS
FAMILY COURT SERVICES — RAMSEY COUNTY

655 Government Center West
50 West Kellogg Boulevard
St. Paul, MN 55102
Phone: (612) 266-2176
Fax No: (612) 266-2292

October 4, 1993

To Whom It May Concern:

Children's Safety Center opened its doors for service in January, 1993. During the first two months of their service Ramsey County Domestic Relations met with them each month to develop a referral system to utilize their supervised visitation and exchange services. Since this time Ramsey County Domestic Relations' Workers have been able to send many referrals over to the Children's Safety Center. This has given many parents who were required to have supervised visitation an opportunity to see their children in a positive environment. It has also given Domestic Relations' Workers an alternative when no one else was able to supervise or the case required close supervision. The Children's Safety Center also fills out observation forms after each visit which help the workers keep track of progress etc. and how the visits are going. There is a good communication/working relationship between the Children's Safety Center and Ramsey County Domestic Relations.

Currently many referrals are on the waiting list at the Children's Safety Center because they can only do supervised visitation on Saturdays. Hopefully, in the future they'll be able to acquire their own building and hire more support staff so they can be open several days a week. We have many clients who could use their services but, because of the waiting list, are unable to at this time.

The Children's Safety Center has provided the Ramsey County Court system and those in need with a great resource for supervised visitation and exchange of children. They have developed a program that helps reduce children's vulnerability to violence and trauma related to visitation by offering a safe place for children to visit their parents and/or exchange their children for unsupervised visitation on the weekends.

Sincerely,

Robert E. Haines
Ramsey County Domestic Relations

REH:ksg

DAKOTA COUNTY

HUMAN SERVICES DIVISION 33 EAST WENTWORTH WEST ST PAUL, MINNESOTA 55118

December 14, 1990

David Sawyer
221 Clenmore Ave.,
Long Lake, MN 55356

Dear Sir or Madam:

I wished to write a letter of support regarding the concept of a child visitation center set up in communities to deal with the issue of domestic violence. I have supervised protective services to children and families both in rural and metro Minnesota and I believe there is a need for these visitation centers to assure the safety of both children and adult victims of domestic violence. These centers will also be a great resource in facilitating court ordered visitation with children and in initiating parenting education to families experiencing some form of domestic violence.

I am in full support of the concept of child visitation centers and believe they fill a gap in the service delivery to victims of domestic abuse.

Sincerely,

Gerald R. Moberg
Supervisor
Ongoing Child Protection

Ronald C. Pietig, L.P.
LICENSED PSYCHOLOGIST
15025 Glazier Avenue • Apple Valley, Minnesota 55124 • (612) 431-1515

12-17-90

Kim Cardelli
Children's Safety Center

Dear Kim Cardelli:

Please be informed that you have my full support in establishing Safety Centers or visitation centers for children. As a therapist who works with abusive men and with abused women, there is not a week that goes by that I see a need for this. The issue that I see come up the most frequently is the need of the abusive male who is separated from his wife or girl-friend to see his children. Such a center would allow him to do this without giving him an opportunity to abuse his partner. I also see a need for some of the men who can only visit their children under visitation to do this in a more natural setting than the local child protection office can provide.

Sincerely,

Ronald C. Pietig, L.P.

Ronald C. Pietig, L.P.
Licensed Psychologist

Central Minnesota Task Force on Battered Women
Box 195
Saint Cloud, Minnesota 56302

Woman House
Box 195
St. Cloud MN 56302
Business Phone: 253-6108
Crisis Phone: 253-1603

St. Cloud Intervention Project
321 Main Germain, Suite 319
St. Cloud, MN 56301
Phone: 251-7203

Mille Lacs Reservation Project
Star Rt.
Onamia, MN 56359
Phone: 532-3183

Mille Lacs Intervention/
Advocacy Project
P.O. Box 42
Milaca, MN 56353
Phone: 983-3847

December 14, 1990

Dave Sawyer
231 Glenmore Avenue
Long Lake, MN 55356

RE: Visitation Centers

I am the Administrative Assistant at Woman House, a shelter for battered women and their children. We see women being continually abused by the fathers of their children through visitation arrangements set by the courts. Fathers frequently harass, threaten, or physically abuse women when they pick up and drop off children for visitation. Frequently they disregard court order for protections and show up early or late and fail to return the children at the appointed time. Women often ask the courts to set up supervised visitation arrangements. This is seldom granted as there is not an agency able to do this in our area other than social services. They are reluctant to do supervision as the staff expense and time demand is too great. In addition, their work hours do not fit the times usually designated for visitation; evenings and weekends.

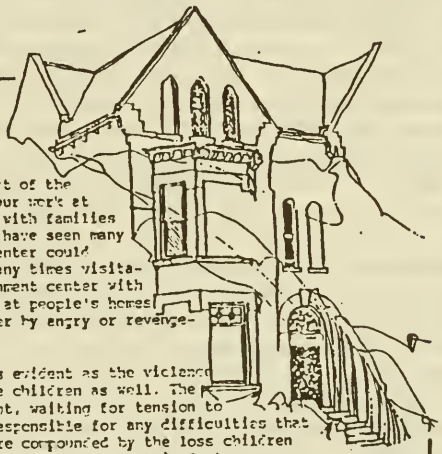
Fathers who have been abusive to women are frequently abusive to the children. I feel the chances of abuse toward the children increase when the father is restricted from the home and/or having contact with the mother. The abusers last means of having control over the victim is now through the children. The children are now put in the middle and often feel to blame for the abuse towards their mother. We hear stories all the time from victims of domestic abuse where the children have been told to "hit mom", "call her names", "tell her you don't want to live with her anymore", etc.

I see a great need for an agency such as a visitation center. A center would increase the safety for battered women as well as their children.

Sincerely,

Jacque French (rec)

Jacque French
Administrative Assistant
Woman House



January 9, 1991

To Whom It May Concern:

I am writing this letter in support of the Children's Safety Committee. In our work at Southside Family Nurturing Center with families at risk for abuse and neglect, we have seen many cases where a Children's Safety Center could not only be helpful but vital! Many times visitation is carried out at the government center with little or sporadic supervision or at people's homes where women are put in great danger by angry or revengeful partners.

The effect on the entire family is evident as the violence affects not only the women but the children as well. The children often become hypervigilant, waiting for tension to explode at any minute or overly responsible for any difficulties that occur. These effects of course are compounded by the loss children are already feeling from the break-up or placement in foster care.

We feel the establishment of a children's safety center could ease many of these difficulties for families by providing a safe, supervised place to visit or drop-off! At times this center may even prevent the tragedy of injury or death.

We hope you will consider this proposal favorably. It is an essential service for families going through divorce or separation.

Sincerely,

Sandy Heidemann

Sandy Heidemann, MS
Program Manager

2440 18th Avenue South Minneapolis, Minnesota 55404

Senator DODD. Thank you.
Senator Wofford.

OPENING STATEMENT OF SENATOR WOFFORD

Senator WOFFORD. Mr. Chairman, I salute the power of your presentation and your pursuit of action which we need to take. I salute Senator Hatfield and his Domestic Violence Community Initiative Act, and Senator Wellstone, with the Child Safety Act. I am also deeply interested in the Violence Against Women Act that I am a cosponsor of.

Action is what we have to take. This is a season where health care is a major issue on our agenda, and violence is a major issue of public health in this country. Each day, millions of children are witnessing violence in their homes, and children who see violence as a way to resolve conflict, relieve frustration, and gain attention, are likely to commit violent acts in the future. Research and common sense tell us that. The most promising strategy is the kind of strategy proposed in these several bills to encourage comprehensive community efforts that bring together families, children, community organizations, and law enforcement.

Since I have an obligation on the floor in a few minutes, if I could just say a few words of welcome to one of the many outstanding witnesses who are here today. Martha Friday is the executive director of the Women's Center and Shelter of Greater Pittsburgh, the only such center in the city of Pittsburgh. She has dedicated her career to the advocacy of women and families. She is a proven leader of the key organizations in this fight. She is right on the front lines. She brings firsthand evidence. I have read her testimony, and if I miss some of it, I will have a chance on Friday with Attorney General Reno at a town meeting to hear more from Martha Friday. I commend her to you and what she has done and the light she can bring. And I promise the other witnesses that I will read with care their testimony if I miss them.

Thank you.

Senator DODD. Thank you very much, Senator. And we appreciate your being here and understand entirely the reason for your absence.

We will now receive a statement of Senator Thurmond.

[The prepared statement of Senator Thurmond follows:]

PREPARED STATEMENT OF SENATOR THURMOND

Mr. Chairman, it is a pleasure to be here this morning to receive testimony on S. 870, the Child Safety Act. I would like to join my colleagues on this subcommittee in extending a warm welcome to our witnesses here today.

As you know, S. 870 would authorize $1.2 billion over 3 years for supervised visitation centers to provide a safe location for parental visitation of children who have experienced physical or mental abuse in the family.

A strong concern in my home State of South Carolina is the considerable costs associated with such centers. In this time of scarce Federal resources, we must question how we pay for any new pro-

grams. Another concern is that we should not start this program and then leave it unfunded.

I also have some concerns with section 5(b)(2). This section will not allow States to apply for these funds without laws requiring "the courts to consider evidence of violence in custody decisions." I am concerned that this legislation begins to dictate what standards should be considered in State family court cases. This is a decision that should be left to the States.

I would again like to welcome our witnesses here today, and I look forward to their testimony.

Senator DODD. We are pleased to welcome our colleague, a very distinguished member of this body and a good friend. Senator Hatfield of Oregon has long been a champion of the fight against domestic violence. He is here today to talk about his own piece of legislation, the Domestic Violence Community Initiative Act, which you introduced, I believe, last week, to coordinate strategies to attack domestic violence at the community level.

Mark, it is always a pleasure to be with you, and an honor to have you before this committee. Thank you for coming this morning.

STATEMENT OF HON. MARK O. HATFIELD, A U.S. SENATOR FROM THE STATE OF OREGON

Senator HATFIELD. Thank you.

I am not only pleased, but very comfortable before you in this committee today, knowing that our common concerns have been expressed on many different occasions. And I want to commend the committee, particularly the chairman, for outlining the problem that brings us together.

I know that you have selected a very distinguished list of witnesses, and I measure that by my knowledge of the dedication and spirit of Sheila Wellstone who will appear this morning as well.

Mr. Chairman and members of the committee, I know of no more pervasive and more devastating root cause of crime and violence in our society today than violence in the home.

Last week, I did introduce S. 1572, the Domestic Violence Community Initiative Act, which I will describe in a moment.

Your focus today on the effects of domestic violence is focused upon children, and I must say to you that in all my years in public life and my concern and involvement with social problems, that rarely have I been as touched as I have been recently visiting domestic violence shelters in my State and seeing the faces of the young children who are temporarily housed there. Whether they are directly harmed by physical violence, or whether they are but the victims of emotional bruises, if other members of the family engage in violence, the one constant in these situations is that innocent children are suffering and will continue to suffer.

In my work on this issue, I uncovered some facts showing the frightening extent of family violence in my home State of Oregon. We like to pride ourselves in our State, because by almost any measurement, we have been one of the most progressive States in the entire Nation—progressive in political thinking with initiative, referendum and recall; direct election of United States Senators; unemployment compensation; industrial accident compensation;

child labor laws; civil rights legislation; migratory labor legislation. We have been one of the leaders in environmental legislation, breaking through a whole new arena in an area of public concern.

So we take great pride in that record. But I sit here today, Mr. Chairman and members of this committee, ashamed of my State of Oregon on the basis of some of the statistics that I will share with you at this time.

In Oregon, domestic crisis centers take over 51,000 crisis calls per year. In Multnomah County alone—and this is a population of approximately one million—shelters and hotlines logged over 13,000 domestic violence crisis calls, and area shelters turn away nine of ten requests for help because they are filled to capacity.

In Portland this year, almost twice as many people have been murdered from domestic violence as those killed in gang-related murders. But the most horrifying fact I have discovered was that over 40 percent of child fatalities in Oregon occur in homes where there is adult domestic violence.

This violence can affect children in another sickening way. You may be familiar with the comprehensive study recently released by the National Institute of Justice which stated that being abused or neglected as a child increases the likelihood of arrest when those children become juveniles by 53 percent and increases the chance of arrest of those children for violent crimes by 38 percent.

Truly, violence begets violence. And what occurs in the home is repeated by kids on the street and repeated again in the home after they have become adults, and this violent cycle repeats itself over and over again.

The Domestic Violence Community Initiative Act of 1993, which I introduced last week, attempts to disrupt this cycle by meeting a need currently unmet by any existing program. The purpose of this bill is to facilitate a coordinated, community-based response to domestic violence. It should establish a Federal demonstration program authorizing grants to organizations in communities throughout the country to coordinate strategies among all sectors, including the education community, the health care providers, the justice system, the religious community, business and civil leaders, the State children's services division, and domestic violence program advocates.

Let me just share with you one experience. I wanted to put a total comprehensive focus on this issue on one of my recent trips home. So we lined out the schedule, where I began in the morning by visiting these centers which provide refuge for those who are fleeing abuse in the home, primarily women and children. And I sat for that morning, speaking and talking to these women and these children in a very informal manner—no media, no photo op. It was strictly a one-on-one type of experience, where they had a sense, having been prepared for the visit, of having ease and rapport to share their innermost thoughts and hurts.

From there, I went to a particular school that has a class that is geared to helping abused children, and I spent an hour in that classroom, talking to those children and watching and listening to the teachers and how they communicate to try to help heal this experience amongst the children.

Then the Oregon Medical Society set up a program in which they called together doctors, emergency room personnel, nurses and others in the health care field, and they told me about how they recognize abuse in the normal pattern of their living, of trying to either help to heal the wounds or observe the wounds for other reasons that they come to those centers of health care.

Then I went to my office, where the juvenile officers, the district attorney, and the juvenile judges met, to tell me about their role in the legal aspects, along with representatives of the police department.

But Mr. Chairman, the thing that bothered me a good deal was that each was representing a specialty that was a small part of the puzzle. But only the informal volunteer advocate group represented any kind of umbrella or coordination.

For instance, I am not sure that in the medical schools there is very much focus on teaching doctors and nurses how to recognize abuse and evidences of abuse. That should be strengthened. And I am not certain that at this point in time in my city of Portland if they did recognize it, that they would know what to do about it; to whom do they make such report or information available?

So each group is performing a vital part of service, but no coordination, then, with the advocate groups, the church groups, the civic groups, the public bodies of city, county and State, all of them moving in their own channels.

What this would provide would be for those demonstration projects, setting up a council or a coordinating group of some kind to tie all of these efforts together with a strategy for prevention as well as to handle the problem.

I found that this was not only true in Oregon, but in talking to some of my colleagues, I found that they have had that similar experience in their States.

Mr. Chairman, I am going to ask that my full statement be put in the record, but I want to close merely by saying that we authorize a small amount of money, $20 million, to begin these projects, and I can assure you as a member of the Appropriations Committee that I would personally take special interest in making certain that we find the money for it.

And at the same time, I know you have other proposals here, and I see no conflict or competition. It can be wrapped in wherever it might fit your schedule and your strategy. I just want to pledge my service to you and my assistance and my interest in achieving the big picture as well as this very small part of it that I have put together in this particular bill.

Thank you.

[The prepared statement of Senator Hatfield follows:]

PREPARED STATEMENT OF SENATOR HATFIELD

Mr. Chairman, members of the subcommittee, thank you for inviting me to appear before you today to discuss one of the most pervasive and devastating of the "root causes" of crime and violence in our society: violence in the home. Last week, I introduced S. 1572, the Domestic Violence Community Initiative Act, which I will describe momentarily.

Your focus today is on the effects of domestic violence upon children. In all my years in the Senate, rarely have I been as touched as I have by visiting domestic violence shelters in my State and seeing the faces of the young children living there.

Whether they are directly harmed by physical violence among other family members, the one constant in these situations is that innocent children will suffer.

In my work on this issue I have uncovered some facts showing the frightening extent of family violence in my State. In Oregon, domestic crisis centers take over 51,000 crisis calls per year. In Multnomah County alone, shelters and hotlines logged over 13,000 domestic violence crisis calls, and area shelters must turn away 9 of 10 requests for help because they are filled to capacity. In Portland this year, almost twice as many people have been murdered from domestic violence as those killed in gang related murders. But, the most horrifying fact I discovered was that over 40 percent of child fatalities in Oregon occur in homes where there is adult domestic violence.

This violence can affect children in another sickening way. You may be familiar with the comprehensive study released last year by the National Institute of Justice which stated that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, and increased the chance of arrest for violent crime by 38 percent. Truly, violence does beget violence. What occurs in the home is repeated by kids on the street, and repeated again in the home after they have become adults. This vicious cycle repeats itself over and over again.

The Domestic Violence Community Initiative Act of 1993 which I introduced last week attempts to disrupt this cycle by meeting a need currently unmet by any existing program. The purpose of this bill is to facilitate a coordinated community-based response to domestic violence. It would establish a Federal demonstration program authorizing grants to organizations in communities throughout the country to coordinate strategies amongst all sectors including the education community, health care providers, the justice system, the religious community, business and civic leaders, State children services divisions, and domestic violence program advocates.

In meetings with community representatives in my State I found that there was a lack of interaction, communication, and coordination among the various sectors attempting to break this cycle of tragedy and violence. Each specialty area is working on a piece of the puzzle, but there is not a comprehensive approach to this problem which cuts across all specialties.

For example, those in the medical and education communities tell me that there is now some training to recognize abuse, but that there is often not coordination with other professionals on when, how, or to whom signs of abuse should be reported. Efforts at coordination among groups are being made in many communities, but there is a noted lack of resources for such organization.

This proposal would tie these groups together to share information, enhance awareness of the problems surrounding this issue, and coordinate action plans for intervention and prevention of domestic violence. Specifically, it would authorize $20 million to allow the Secretary of Health and Human Services to make grants to assist these efforts. This program would enhance the effectiveness of the current statewide programs which focus on providing shelter and counseling. And, as with other programs under the Family Violence Prevention and Services Act, this demonstration project would be periodically evaluated for effectiveness by the Secretary of HHS.

The goal of this bill is to form a commitment by communities and the families who live in them to take positive action to stop this cycle of abuse. This is a problem national in scope, but embedded in the most private of settings, the home, without widespread individual involvement, any attempt by government to tackle the issue will fail. This proposal is designed to promote individual involvement at the local level. It is an idea that I hope to see tested in a variety of forms in many different States. I urge you to include S. 1572 in any action you may take in this area, and look forward to working with you and the other members of the committee on this very important issue.

I ask that the attached list of local community support letters for the Domestic Violence Community Initiative Act of 1993 be placed into the record following my remarks.

LOCAL COMMUNITY SUPPORT LETTERS

THE DOMESTIC VIOLENCE COMMUNITY INITIATIVE ACT OF 1993

BUSINESS AND CIVIC LEADERS

Portland Department of Public Utilities, Gretchen Kafoury, Commissioner,
U.S. Bancorp, Judith R. Rice, executive vice president,
U.S. West Communications, Marsha B. Congdon, Oregon vice president and ceo.

DOMESTIC VIOLENCE PROGRAM ADVOCATES

Community Advocates, Portland OR, Belle Bennett, executive director,
Bradley-Angle House, Portland, OR, Chiquita Rollins, executive director,
Raphael House of Portland, Mitchell Jacover, executive director.

EDUCATION COMMUNITY

Portland Public Schools, John Lashley, director, administrative support, Carolyn Sheldon, assistant director, student services department.

HEALTH CARE

Oregon Medical Association, James A. Cross, M.D., Oregon Medical Association president.

JUSTICE SYSTEM

Circuit Court of Oregon, Fourth Judicial District, Stephen B. Howell, judge,
District Attorney for Multnomah County, Michael D. Schrunk,
Multnomah County Legal Aid Service, Terry Ann Rogers, executive director,
Portland Bureau of Police, Robert Brooks, Captain Family Services Division.

RELIGIOUS COMMUNITY

Ecumenical Ministries of Oregon, Rev. Rodney I. Page, executive director,
Jewish Federation of Portland, Penny Roberts, chair, Social Justice and Equal Opportunity Task Force.

STATE CHILDREN'S SERVICES DIVISION

Oregon Department of Human Resources, Children's Services, Bonnie Jean Braeutigam, resource development unit,
Oregon Department of Human Resources, children's services, Kay Dean Toran, regional administrator,
Multnomah County Housing and Community Services Division, Norm Monroe, director.

Senator DODD. Thank you very much. I would have expected nothing less from Mark Hatfield, by the way, in view of the reputation you have had for so many years as a member of this body and the way you have conducted yourself over the years. And the fact that you are so involved and know so much about this issue and have cared about it for as long as you have, I think, strengthens our cause significantly. We appreciate immensely your presence here today, your involvement, your commitment, and your determination.

I know I speak for my colleagues on this committee when I say we are going to take you up on that offer. It took me a few years—Paul picked up on it much more quickly than I did—to figure out that it is always good to know some people on that Appropriations Committee.

Senator HATFIELD. Thank you. I could respond in like manner, Mr. Chairman, and to your young friend here who has recently joined us, I sense as well that kind of spirit of dealing with people problems and keeping the human factor involved in our daily work so that we do not lose the face of people.

Senator DODD. Absolutely. Thank you very much.

Senator WELLSTONE. Thank you.

Senator HATFIELD. Thank you, Mr. Chairman.

Senator DODD. I will now introduce our first panel this morning, and I will ask our friends in the media, particularly the television and photographic end of it, if they would be kind enough not to show the face of our first witness, at her request.

Our first witness is Ms. Lillian Jones. Ms. Jones has made a very long journey from victim to survivor, and she will talk about her own experiences as an abused child and battered wife, as well as the reactions of her children.

She currently is the children's advocate at My Sister's Place, a battered women's shelter here in Washington, and she will also discuss what she sees in the children there. She is accompanied by Grace Orsini, a caseworker from My Sister's Place. Grace is not going to give prepared testimony this morning, but will be here to answer questions, and we are deeply grateful to her for that.

Martha Friday has already had an introduction from her Senator this morning, Senator Wofford, but let me repeat that Martha is the director of the Women's Center and Shelter of Greater Pittsburgh. Ms. Friday has developed several programs through her shelter that look at the needs of the children living in the shelter and ways to serve mothers and their children together.

Judith Hyde, our third witness, is the founder and co-executive director of the Children's Law Center in Willimantic, CT, my birthplace and my original home town. Ms. Hyde has also served since 1979 as director of the Child Protection Council of Northeastern Connecticut. She will discuss from her experience how domestic violence affects children who are exposed to it. She will also discuss the need for advocacy for children and how she came to found the Children's Law Center. We are deeply honored and proud of you in Connecticut for your efforts, Judith, and we thank you for coming down this morning.

We will begin with you, Ms. Jones. I will turn on these lights—I do not want you to be intimidated by them, because it does not mean you should stop when you see the red light go on, but you might begin to think about wrapping up your comments. It is sort of a guiding principle for all of us here so we can move along. We have a second panel that we want to also get to this morning. So do not be intimidated by these lights, but just keep an eye on them.

And all of your testimony, all of the supporting documentation for this panel and the second panel, will be included in the record. So if you want to paraphrase your prepared statement, feel free to do that as well.

Ms. Jones, thank you for coming this morning.

STATEMENTS OF LILLIAN JONES, ACCOMPANIED BY GRACE ORSINI, MY SISTER'S PLACE, WASHINGTON, DC; MARTHA A. FRIDAY, DIRECTOR, WOMEN'S CENTER AND SHELTER OF GREATER PITTSBURGH, PITTSBURGH, PA; AND JUDITH HYDE, CO-DIRECTOR, THE CHILDREN'S LAW CENTER, WILLIMANTIC, CT

Ms. JONES. Thank you. Good morning. It is an honor to be here.

I am Lillian Jones, and I am here to represent the battered women and children at My Sister's Place.

As a child, my life was very horrible, as I was stolen from my mother at the age of 6 months. My father took me home to his mother and brother, who abused me mentally, verbally, physically and emotionally, as well as sexually. There were times when I was snatched out of the bed at night, screaming and hollering, trying to get away from him. I was only 4 years old at this time. I do not

really remember what happened earlier than that, but I know at the age of 4, I would wait at night for this monster to come and snatch me out of the bed. Also, there were times that he would take me up into the attic and hold me in the dark. He stayed drunk most of the time. Their house, the house where I was raised, had blue and red lights.

As I got older, there were times when I went to school with swollen lips and black eyes. No one ever questioned or responded to my screams.

I got married at a very early age. I met my husband in the early fifties. After sharing my horrible experience with him about things that had happened to me as a child, he vowed to always love me and protect me, and promised that things like that would never happen to me.

In 1981, my husband started using drugs. Therefore, his attitude toward me and my children changed. My baby boy was 13 years old at the time; the other kids were in their teens. I constantly tried to talk to my husband about trying to go to counseling and reach out to try to get help, but he refused to do it.

So in 1986, after calling My Sister's Place, I talked to the commissioner, and told him that in the name of Jesus, I was frightened for my life, and my kids had threatened to kill their father because of the abuse. Some of the abuse was done behind closed doors, and you can imagine how children would feel hearing their mother screaming and hollering.

I really did not have anyone to go to. My husband knew about my complete life, and he knew I did not have anyone to go to. Financially—I was just a nervous wreck. And there was a time that I thought about killing myself, because I was frightened, and I just could not go through any more of this mental, verbal, and physical abuse.

So I reached out to My Sister's Place, and I reached out to the domestic violence courts in Upper Marlboro. Since my children had witnessed a lot of this abuse, some of them have become very hostile. They have had emotional problems. They did not want to discuss any of the stuff that was going on. They had talked about killing their father. I wondered what kind of mother would I have been to stay there and allow something of that nature to happen, because I knew that if one of them killed him, somebody was going to jail.

So in 1986, I fled, and I went to the shelter, where I found safety, comfort, and someone there to talk with me and to encourage me and help me to lift my self-esteem and send me back to independent living.

I decided to go back to My Sister's Place because I wanted to share with some of those women and let them know that through the grace of God and the legal system that things would work for them. So I went back in 1988 to volunteer. I volunteered for a year, and then in 1989 a position came through for weekend counselor. I went to PG College to get a certificate in day care 1 and 2, and in 1990 a position was offered to me for child advocate.

In the eyes of the children that I have serviced there at My Sister's Place, I saw fear; some would hate, some would withdraw, some had outbursts. There was bedwetting and nightmares. And I

could relate to that, because I could remember the traumas that I had gone through as a child. There were really some horrifying experiences, and I wanted to give joy to some of these women. I could remember when I had to leave my home, the first transfer that I got from a bus driver, who could look into my face and see that I was a destitute woman and that I was frightened.

Through the domestic violence courts, my husband was removed from the home because I filed an ex parte order and I filed a civil protective order. Three judges looked over the matters, as well as the State's attorney, and they removed my husband from the home. In 1989, I sold my home, and I moved back to the District of Columbia. My husband was put in a rehabilitation program with counseling, and my children and I received counseling also.

My younger son does need to continue counseling. One of my older kids did wind up getting incarcerated because of his temper. They said he was a threat and a danger to himself because of all the abuse that he had witnessed.

So presently, I am on the staff at My Sister's Place, reaching out to help other destitute women and children like myself.

God bless you, and thank you very much.

Senator DODD. Thank you very much, Ms. Jones. We admire immensely your willingness to be here this morning. I have said this in other cases, and I have meant it in other cases, but it is particularly apt in this instance: It takes a unique kind of courage. It is always courageous to come before any congressional committee, in my view; it is intimidating, with the lights and cameras and big tables and so forth. But particularly in this situation, it takes special courage, and you represent an awful lot of people. We cannot hear from everybody, so that when you speak, you speak for literally millions of people, and you have done so eloquently, and we thank you.

Ms. JONES. God bless you. Thank you.

[The prepared statement of Ms. Jones follows:]

PREPARED STATEMENT OF LILLIAN JONES

My name is Lillian Jones and I am here to speak on behalf of battered women and their children everywhere. I am a former battered child, battered wife and I witnessed the effects of domestic violence as I saw my own children's suffering. I now work at "My Sister's Place", a shelter for battered women and their children to help women just like me build self esteem, care for their children and lives better lives.

MY CHILDHOOD EXPERIENCE

My father stole me from my mother at a very young age—6 months. Life with my father, his mother and brother was very painful. I experienced a lot of emotional, mental, physical and sexual abuse. As I grew older (about 4 years old), I would wait every night for the monster—my father—to come to me. He'd come home drunk and snatch me out of my bed and beat me in my face, head, as well as other parts of my body. The next morning I would go to school with swollen lips and black eyes and with fears since I was a child who was being abused and yet no one ever responded to my screams.

MY MARRIAGE EXPERIENCE

I met my husband in the early fifties. After sharing my horrible childhood experience with him, he vowed to always love and protect me. I believed him yet the violence with him started building in 1981 and continued to grow more intense as he began using drugs. Drugs changed him. After I encountered yet another beating from my husband in 1986, I chose to flee my home of 26 years and leave my son

who at the age of 13 was too old to be admitted into the shelter with me. That is when I came to "My Sister's Place" for help. I was a frightened, destitute woman who needed support, a friend, a safe place, someone who cared and who would listen to me. At "My Sister's Place" I received love, counseling and encouragement. Programs were set up to help build my self-esteem which enabled me to return to independent living. Because of "My Sister's Place", I am the strong-willed woman I am today.

HOW THE VIOLENCE AFFECTED MY CHILDREN

Since my children had witnessed a lot of abuse, some behind closed doors, they internalized their feelings. My youngest and oldest both experienced a lot of anger, sudden outbursts and withdrawal. They refused to even discuss what had happened because of the violence was so intense. I feared that one of them would get hurt or killed, so I gave up everything—my home, all of my possessions—to protect my children. They had endured enough suffering. To this day, I continue to worry about my children's anger and their potential for battering women in their lives.

In 1988, I decided to go back to "My Sister's Place" to help the women and children and to bring love into their lives. I returned to volunteer my services in 1989. I became a weekend counselor while I attended Prince George's Community College. I received my daycare certificate in 1990. "My Sister's Place" offered me the position of child advocate. Presently, I am responsible for the safety, education, recreation and social functions of each young child who fled with their mother from a batterer. These babies and young children have special needs; and I am here to try to fulfill each of their needs to the best of my abilities. When I see fear, anger and hostility in the kids at "My Sister's Place", I immediately reach out to love and console and give special care to these beautiful babies. Often, some of the children have nightmares, sudden outbursts and withdrawal as well as bed-wetting.

I hope that sharing my experience with you will give you a better understanding of the need to continue to support shelters and supportive services for battered women and their children. I would also suggest that the fathers receive rehabilitation and counseling.

Senator DODD. Ms. Friday, thank you for being here.

Ms. FRIDAY. We now know it is an undeniable fact that there is a direct connection between domestic violence and child abuse. Children are affected because batterers of partners also abuse the children in at least 70 percent of homes. Children are also affected as child witnesses to the violence. A minimum of 7.5 million children are learning violence as a way to resolve conflict or to satisfy control and domination needs, while at the same time developing serious psychological problems.

All of the research, although there is not a lot, states that many or most of the children in violent homes, either directly abused or as witnesses, will suffer low self-esteem, sadness, depression, stress disorders, poor impulse control, and feelings of powerlessness, and they are at high risk for alcohol and drug abuse, sexual acting out, running away, school failure, isolation, suicide and perpetrating violence.

According to the Massachusetts Department of Youth Services, children who grow up in violent homes have a 74 percent higher likelihood of committing assaults.

We see the impact of domestic violence on children every day at Women's Center and Shelter of Greater Pittsburgh in our shelter, counseling programs and other programs. Founded in 1974, we are one of the first six domestic violence programs in the United States. At this point, we are old enough, strong enough, and reasonably well-funded enough to go beyond our first mission, which is to develop a shelter program to assist women victims of domestic violence.

We knew that when you assist women to live violence-free lives, you also assist their children to live violence-free lives. However,

we felt compelled to also develop programs for the high-risk children we see every day and to develop prevention programs to reach even more children in schools.

We have been able to develop programs for children free of the constraints of a family reunification goal, which is the goal of most child protective services.

I do not want to be misunderstood at this point. We believe in families and deplore the breakdown of families. We also believe it goes without saying that men need violence-free homes. Everyone needs to be safe in his or her own home.

Implicit in what I am saying is the unavoidable fact that until batterers stop battering, children will be living in violent homes and will themselves be abused in at least 70 percent of the homes.

Although no one wants to see a further deterioration of families or foster care placements, protecting children from abuse and violent homes will result in more divorces and separations until the battering stops. It is in all of our interest to develop public policy legislation and give national attention to address domestic violence as a public health problem, not an individual family problem.

Since there is an inevitable connection between domestic violence programs and child protective services, we knew we had to initiate a closer relationship. I will point out that until recently, like other domestic violence programs, our program has done all the initiating, not only with child protective services, but also with the criminal justice system, the medical world, the mental health professions, and all the other systems and institutions flooded with domestic violence cases.

Although this has seemed nearly incomprehensible to domestic violence programs, due to the epidemiological nature of this public health problem, there is cause for optimism because so much progress has been made in the past 20 years.

Now in Pittsburgh, we train all child protective service workers about domestic violence, which assists them in their case management. This is a beginning of necessary collaboration. In a more targeted program, child protective services has developed a family intervention unit in Children's Hospital for abused children. We used our knowledge of the AWAKE project in Boston to add advocates in the hospital for mothers of the abused children who are identified as battered women. Again, if we can assist the mothers to lead violence-free lives, the children have a much better chance to live violence-free lives in the home.

It is not easy to bring together a medical model and a domestic violence model to collaborate, but it is important to work at it. A simple description of the differences is the medical model works on diagnosis, treatment, and case closed; and the domestic violence model works on developing options, supporting choices, and looking at a longer-term outcome, or the "empowerment model."

Safety planning is also part of the domestic violence model because we know the greatest danger period for the woman is when she leaves the batterer.

We have begun another new and exciting project, the Pro Bono Mental Health Project, which could be replicated nationwide. Volunteer licensed social workers and psychologists are providing

counseling to the children of battered women from our program. This service will expand to other shelters this year.

This is innovative because the therapists come to the children at the shelter, or another meeting place, and continue with the children wherever they live. The mothers follow up and keep the appointments. The therapists can be more involved in assisting the other needs of the family than they can in a more traditional setting.

At an average of $80 an hour, the volunteer time donated in the first year is valued at over $80,000. The value of the donated time is projected to grow tremendously as we grow from 15 volunteers to 60 or more.

And most importantly, this was a gap in services not met by the mental health system in Allegheny County. Astoundingly, there is nothing available for most children who are identified as high-risk and evidencing psychological and behavior problems.

Currently, the Pittsburgh Foundation and the Staunton Farms Foundation fund a person to administer and coordinate the whole program.

Our local mental health system acknowledges this is a definite gap in their services that we have filled, although they are touchy about the private therapist model and their turf.

We will continue to bridge the gap between the publicly funded mental health system and the private model. We have developed several prevention programs for youth in schools for grades 4 through 12. As in our other programs, there is more demand than we can meet. Currently, we have contracts with the city of Pittsburgh and several other school districts. Although the programs are domestic violence prevention programs, they are equally prevention of substance abuse and other high risk behaviors due to the direct connection.

The programs are unique for several reasons. There must be a crisis intervention component, since students reveal their own dating violence situations or their violent home situations and may be in crisis. The teams delivering the programs are racially and gender-balanced. There are age-appropriate curricula for all grades. Students relate to the model, which is an adaptation of a model used in counseling programs for batterers.

We are continually asked by the schools to go beyond our mission and address all violence. This is a problem we continue to wrestle with, and the lines become blurred. We work through student assistance personnel, who are now swamped with many violence-related issues.

Domestic violence puts adolescents at risk for addiction. Addiction plays a role in gang violence, so we respond when we can to the schools' requests for assistance. And our school teams have had to develop expertise in gang violence issues.

The State department of education has funded us to train all Pennsylvania regions to provide some of these programs in Pennsylvania schools. We have just completed the first statewide training.

We have also worked with Mr. Rogers of "Mr. Rogers' Neighborhood" to develop books and videos for children in domestic violence shelters.

All of our programs are based on some basic beliefs. Children are assisted when they have a greater understanding of what is happening to them. It is common knowledge that children tend to feel it is their fault when there is a divorce. This is exacerbated in domestic violence situations. This is tremendously important, and it is an achievable goal.

Children are assisted when they have knowledge about where to turn for help. Children are assisted when they have some information about safety planning. Intervention does reduce the cycle of violence for adults and inevitably will reduce the cycle of violence for children.

Thank you for this opportunity.

Senator DODD. Thank you very much. Excellent testimony.

[The prepared statement of Ms. Friday follows:]

TESTIMONY PREPARED FOR SENATE SUBCOMMITTEE ON CHILDREN, FAMILY, DRUGS & ALCOHOLISM: HEARING HELD ON 10/28/93 ON "DOMESTIC VIOLENCE: PROTECTING OUR KIDS."

Submitted by Martha A. Friday
Executive Director
Women's Center & Shelter of Greater Pittsburgh

We now know it is an undeniable fact there is a direct connection between domestic violence and child abuse. (I am defining domestic violence as wife or partner abuse, most frequently perpetrated by men against women.) Children are affected because batterers of partners also abuse the children in at least 70% of the homes. Children are also affected as child witnesses to the violence. A minimum of 7.5 million children are learning violence as a way to resolve conflict or to satisfy control and domination needs while at the same time developing serious psychological problems.

All of the research, although there isn't a lot, states that many or most of the children in violent homes (either directly abused or as witnesses) will suffer low self-esteem, sadness, depression, stress disorders, poor impulse control & feelings of powerlessness and they are at high risk for alcohol and drug abuse, sexual acting out, running away, school failure, isolation, suicide and perpetrating violence. According to the Mass. Dept. of Youth Services, children who grow up in violent homes had a 74% higher likelihood of committing assaults.

We see the impact of domestic violence on children every day at Women's Center & Shelter of Greater Pittsburgh in our shelter, counseling programs and other programs. Founded in 1974, we are one of the first six domestic violence programs in the United States. At this point, we are old enough, strong enough and reasonably well funded enough to go beyond our first mission which is to develop a shelter program to assist women victims of domestic violence (Adult

Protective Services). We know when you assist women to live violence free lives, you also assist their children to live violence free lives. However, we felt compelled to also develop programs for the high risk children we see every day and to develop prevention programs to reach even more children in the schools.

We have been able to develop programs for children free of the constraints of a family reunification goal which is the goal of most child protective services. I do not want to be misunderstood at this point. We believe in families and deplore the breakdown of families. We also believe it goes without saying that men need violence free homes. Everyone needs to be safe in their own homes.

Implicit in what I am saying is the unavoidable fact that until batterers stop battering, children will be living in violent homes and will themselves be abused in at least 70% of the homes. Although no one wants to see a further deterioration of families or foster care placements, protecting children from abuse in violent homes will result in more divorces and separations until the battering stops. It is in all of our interest to develop public policy, legislation and give national attention to address domestic violence as a public health problem, not an individual family problem. Incidentally, domestic violence programs have high hopes for the Biden Bill as part of the solution.

Since there is an inevitable connection between domestic violence programs and child protective services we knew we had to initiate a closer relationship. I will point out that until recently, like other domestic violence programs, our program has done all the initiating not only with child protective services, but also with the criminal justice system, the medical world, the mental health professions and all the other systems and institutions flooded with domestic violence cases. Although this has seemed nearly

incomprehensible to domestic violence programs, due to the epidemiological nature of this public health problem, there is cause for optimism because so much progress has been made in the past 20 years.

Now, in Pittsburgh, we train all child protective service workers about domestic violence which assists them in their case management. This is a beginning of necessary collaboration.

In a more targeted program, child protective services has developed a Family Intervention Unit in Children's Hospital for abused children. We used our knowledge of the AWAKE project in Boston to add advocates in the hospital for the mothers of the abused children who are identified as battered women. Again, if we can assist the mothers to lead a violence free life, the children have a much better chance to live violence free lives in the home.

It is not easy to bring together a "medical model" and a "domestic violence model" to collaborate, but it is important to work at it. A simple description of the differences is, the medical model works on "diagnosis, treatment and case closed," and the domestic violence model works on developing options, supporting choices, and looking at a longer term outcome or the "empowerment model." Safety planning is also part of the domestic violence model because we know the greatest danger period for the woman is when she leaves the batterer.

We have begun another new and exciting project, the Pro Bono Mental Health Project, which could be replicated nationwide. Volunteer licensed social workers and psychologists are providing counseling to the children of battered women from our program. This service will expand to other shelters this year. This is innovative because:

- The therapists come to the children at the shelter or another meeting place and can continue with the children wherever they live
- The mothers follow up and keep the appointments
- The therapists can be more involved in assisting the other needs of the family than they can in a more traditional setting
- At an average of $80/hour, the volunteer time donated in the first year is valued at over $80,000. The value of the donated time is projected to grow tremendously as we grow from 15 volunteers to 60 or more.

And, most importantly, this was a gap in services not met by the Mental Health system in Allegheny County. Astoundingly, there is nothing available for most children who are identified as high risk and evidencing psychological and behavioral problems. Currently, the Pittsburgh Foundation and the Staunton Farms Foundation fund a person to administer and coordinate the whole program.

Our local mental health system acknowledges this is a definite gap in their services we have filled, although they are touchy about the private therapist model and their turf.

We will continue to bridge the gap between the publicly funded mental health system and this private model. The Heinz Endowment is interested in assisting to take this concept further, looking at linking the public and private counseling services for children and to replicate the model regionally and nationally.

We have developed several prevention programs for use in schools for grades 4-12. As in our other programs, there is more demand than we can meet. Currently we have contracts with the City of Pittsburgh and several other school districts. The schools pay for these programs along with some United Way and Hillman & Vira

Heinz Foundation subsidy. Although the programs are domestic violence prevention programs, they are equally prevention of substance abuse and other high risk behaviors due to the direct connection. The programs are unique for several reasons:

- There must be a crisis intervention component since students reveal their own dating violence situation or their violent home situation and may be in crisis.
- The teams delivering the programs are racially and gender balanced
- There are age-appropriate curricula for all grades
- Students relate to the model which is an adaptation of a model used in counseling programs for batterers

We are continually asked by the schools to go beyond our mission and address all violence. This is a problem we continue to wrestle with and the lines become blurred. We work through Student Assistance Personnel who are now swamped with many violence related issues such as gang violence and suicide, substance abuse, etc.

Domestic violence puts adolescents at-risk for addiction. Addiction plays a role in gang violence, so we respond when we can to the school's requests for assistance. Our school teams have had to develop expertise in gang violence issues partly due to the apparent need of some of the students and partly due to some of the programs being created as alternatives to suspension for violent behavior and other risk behavior. Currently, these programs reach 8,080 students, 240 parents and 380 school personnel with information, and new skills to help reduce incidences of domestic violence, drug & alcohol abuse and academic failure.

The State Dept. of Education has funded us to train all PA regions to provide some of these programs in PA schools and we have just completed the first statewide training.

Short term outcomes meet the goals of the schools.

Longer term violence reduction outcomes are now measured almost anecdotally as there is, as yet, no funding for longitudinal studies.

We worked with Mr. Rogers of Mr. Roger's Neighborhood to develop books and videos for children in domestic violence shelters. These materials address the ambivalence children feel about their parents/stepparents in domestic violence situations.

All of our programs, including the ones I have just described, and the ones in our support groups for children of shelter residents and children of our non-resident support group clients are based on some basic beliefs:

1) Children are assisted when they have a greater understanding of what is happening to them.
   It is common knowledge that children tend to feel it is their fault when there is a divorce. This is exacerbated in domestic violence situations. This is tremendously important and it is an achievable goal.
2) Children are assisted when they have knowledge about where to turn for help
3) Children are assisted when they have some information about safety planning
4) Intervention does reduce the cycle of violence for adults and inevitably will reduce the cycle of violence for children.

(Research states the main predisposer to becoming a batterer is witnessing domestic violence in the home.)

Lastly, we work collaboratively with Domestic Abuse Counseling Center (DACC), the Allegheny County counseling program for batterers. We are funded by the Staunton Farm Foundation to jointly address the needs of the children in situations where the couple elects to stay together after separate counseling. This time, there is a research component included in the funding for the project but the project is too new to report any results.

Sources for statistics and other statistics are attached.

Thank you for this opportunity.

Charles B. DeWitt, Director October 1992

The Cycle of Violence

by Cathy Spatz Widom

Does childhood abuse lead to adult criminal behavior?

How likely is it that today's abused and neglected children will become tomorrow's violent offenders?

In one of the most detailed studies of the issue to date, research sponsored by the National Institute of Justice (NIJ) found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40 percent. The study followed 1,575 cases from childhood through young adulthood, comparing the arrest records of two groups:

- A study group of 908 substantiated cases of childhood abuse or neglect processed by the courts between 1967 and 1971 and tracked through official records over the next 15 to 20 years.
- A comparison group of 667 children, not officially recorded as abused or neglected, matched to the study group according to sex, age, race, and approximate family socioeconomic status.

While most members of both groups had no juvenile or adult criminal record, *being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent.*

The "cycle of violence" hypothesis suggests that a childhood history of physical abuse predisposes the survivor to violence in later years. This study reveals that victims of neglect are also more likely to develop later criminal violent behavior as well. This finding gives powerful support to the need for expanding common conceptions of physical abuse. If it is not only violence that begets violence, but also neglect, far more attention needs to be devoted to the families of children whose "beatings" are forms of abandonment and severe malnutrition. An example of intervention for the prevention of neglect is described later in this *Research in Brief*.

The first phase of this study relied on arrest records to measure delinquency and criminality. A second phase calls for locating and interviewing a large sample of the previously abused and neglected children to draw a more complete picture of the consequences of childhood victimization. The remainder of this report presents Phase I results in greater detail and introduces preliminary findings from Phase II.

Study design

Several important design features distinguish this research from prior efforts to study the intergenerational transmission of violence.[1] First, by following a large number (1,575) of cases from childhood through adolescence into young adulthood, this "prospective" study was able to examine the long term consequences of abuse and neglect. The sample, drawn from a metropolitan area in the Midwest, was restricted to children who were 11 years or younger at the time of the incident of abuse or neglect. At the time that juvenile and criminal records were checked, subjects ranged in age from 16 to 33; most were

From the Director

Family violence—particularly violence against children—is a critical priority for criminal justice officials, political leaders, and the public we serve. The statistics are alarming. Almost a million children are victims of child abuse and neglect, according to the 1980 Annual Fifty State Survey conducted by the National Committee for Prevention of Child Abuse.

Family violence can be considered from a variety of different perspectives: criminal justice, psychology, sociology, and economics. Studies have produced varying estimates of the magnitude of family violence; various methods have been considered for estimating its extent. None has examined its effect on the later behavior of children as does the NIJ study reported in this *Research in Brief*. Some of the findings are startling. For example, *being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent.*

I have made child abuse a priority at NIJ, and this is the first in a series of five *Research in Brief* reports NIJ will publish dealing with the consequences of child abuse. In addition, NIJ is supporting a multisite study of child abuse prosecution and a study of ways the justice system has addressed this critical problem.

Charles B. DeWitt
Director
National Institute of Justice

between ages 20 and 30, with a mean age of 25.

Matching members of the study group to others whose official records showed no childhood abuse or neglect was an equally important feature of the research. This design allowed the study to separate the effects of known correlates of delinquency and criminality (age, sex, race, and socioeconomic status) from the experience of abuse and neglect. Both groups were approximately two-thirds white and one-third black and were about evenly divided between males and females. Most were between 6 and 11 years old at the time the abuse was documented (see exhibit 1).

The study design also featured clear operational definitions of abuse and neglect. Combined with large sample sizes, this permitted the separate examination of physical abuse, sexual abuse, and neglect, defined as follows:

- Physical abuse cases included injuries such as bruises, welts, burns, abrasions, lacerations, wounds, cuts, bone and skull fractures, and other evidence of physical injury.
- Sexual abuse involved such charges as "assault and battery with intent to gratify sexual desires," "fondling or touching in an obscene manner," rape, sodomy, and incest.
- Neglect cases represented extreme failure to provide adequate food, clothing, shelter, and medical attention to children.

Family members (often parents) were the primary perpetrators of the abuse and neglect. The most frequent type of perpetrator varied, however, by type of maltreatment (see exhibit 2).

Juvenile court and probation records were the source of information on the abuse and neglect as well as the characteristics of the family. Arrest data were obtained from Federal, State, and local law enforcement records. Recognizing that much child abuse (as well as later delinquent and criminal behavior) never comes to the attention of any official authority, Phase II will supplement these official records with interview results.

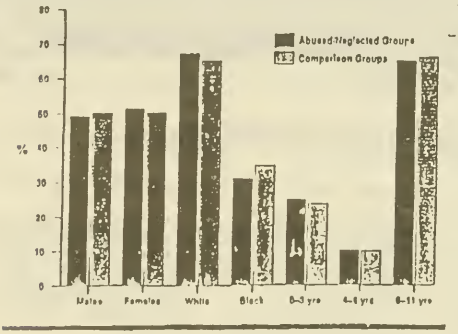
Study findings

Of primary interest was the question, "Would the behavior of those who had been abused or neglected be worse than those with no reported abuse?" The answer, shown in exhibit 3, was evident: those who had been abused or neglected as children were more likely to be arrested as juveniles (26 percent versus 17 percent), as adults (29 percent versus 21 percent), and for a violent crime (11 percent versus 8 percent). The abused and neglected cases were also more likely to average nearly 1 year younger at first arrest (16.5 years versus 17.3 years), to commit nearly twice as many offenses (2.4 percent versus 1.4 percent), and to be arrested more frequently (17 percent of abused and neglected cases versus 9 percent of comparison cases had more than five arrests).

Sex. Experiencing early child abuse or neglect had a substantial impact, even on individuals with little likelihood of engaging in officially recorded adult criminal behavior. Thus, although males generally have higher rates of criminal behavior than females, being abused or neglected in childhood increased the likelihood of arrest for females—by 77 percent over comparison group females. As adults, abused and neglected females were more likely to be arrested for property, drug, and misdemeanor offenses such as disorderly conduct, curfew violations, or loitering, but not for violent offenses. Females in general are less likely to be arrested for arrest violence and more likely to appear in statistics on violence in the home. Through interviews, Phase II will examine the incidence of unreported violence to learn more about the possible existence of hidden cycles of family violence.

Race. Both black and white abused and neglected children were more likely to be arrested than comparison children. However, as shown in exhibit 4, the difference between whites was not as great as that between blacks. In fact, white abused and neglected children do not show increased likelihood of arrest for violent crimes over comparison children. This contrasts dramatically with the findings for black children in this sample who show significantly increased rates of violent arrests, compared with black children who were not abused or neglected. This is a surprising finding and one that may reflect differences in an array of environmental factors. Phase II will investigate a number of explanations for these results, including differences in poverty levels, family factors, characteristics of the abuse or neglect incident, access to counseling or support services, and treatment by juvenile authorities.

Exhibit 1. **Demographic Characteristics**



juvenile record. Previously abused or neglected persons were at higher risk of beginning a life of crime, at a younger age, with more significant and repeated criminal involvement. Notably, however, among those arrested as juveniles, abused or neglected persons were no more likely to continue a life of crime than other children:

- In both groups, roughly the same proportion of children with juvenile arrests also had arrests as adults (33 percent versus 30 percent).
- Similarly, in both groups, about the same proportion of those with violent juvenile arrests also had violent arrests as adults (34.2 percent versus 36.8 percent).

In short, childhood abuse and neglect had no apparent effect on the movement of juvenile offenders toward adult criminal activity. Distinguishing the factors that promote the onset of criminal behavior from those that affect persistence in a criminal career is clearly an important topic for future research.

Does only violence beget violence?

To test the notion that childhood victims of violence revert to violence themselves in later years, violent criminal behavior was examined as a function of the type of maltreatment experienced as a child. The results are presented in simplified form below:

Abuse Group	Number	Percent Arrested for Violent Offense
Physical abuse only	76	15.8%
Neglect only	609	12.3
Physical abuse and neglect	70	7.1
Sexual abuse and other abuse or neglect	28	7.1
Sexual abuse only	125	5.6
Comparison group	667	7.9

The physically abused (as opposed to neglected or sexually abused) were the most likely to be arrested later for a violent crime. Notably, however, the physically abused group was followed closely by the neglected group.

Exhibit 2. Perpetrators of Abuse and Neglect

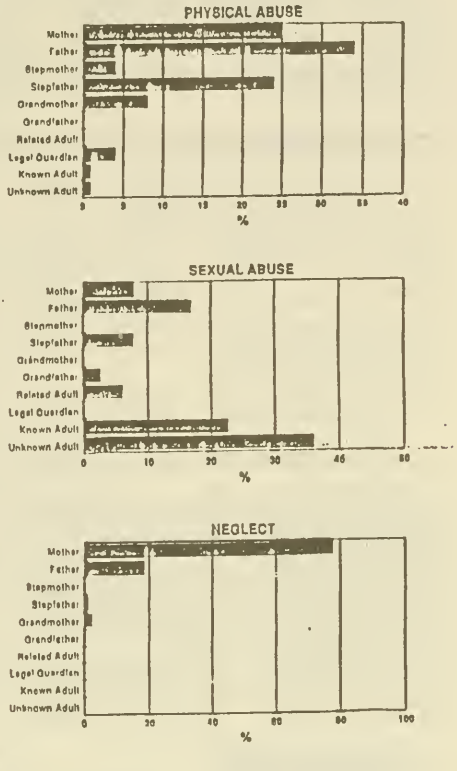


Exhibit 3. Extent of Involvement in Delinquency, Adult Criminality, and Violent Criminal Behavior

	Abused and Neglected (n = 908)	Comparison Group (n = 667)
Type of arrest	(%)	(%)
Juvenile	26.0	16.8
Adult	28.6	21.1
Violent crime	11.2	7.9

Note: All differences significant.

Exhibit 4. Involvement in Criminality by Race

	Abused and Neglected (n = 908)	Comparison Group (n = 667)	Significance
Any arrest	(%)	(%)	
Juvenile			
Black	37.9	19.3	< .001
White	21.1	15.4	<.05
Adult			
Black	39.0	26.2	<.01
White	24.4	18.4	<.05
Violent			
Black	22.0	12.9	<.01
White	8.5	6.3	NS

Because different types of abuse and neglect are not distributed evenly by age, race, and sex, these frequencies present an oversimplified picture. Even after controlling for age, race, and sex, however, a relationship between childhood neglect and subsequent violence remained evident.

This finding offers persuasive evidence for the need to take concerted preventive action. Nationwide, the incidence of neglect is almost three times that of physical abuse (15.9 per 1,000 children in 1986, compared to 5.7 per 1,000 for physical abuse, and 2.5 per 1,000 for sexual abuse).[3] Neglect also is potentially more damaging to the development of a child than abuse (provided the abuse involves no neurological impairment). In one study of the influence of early malnutrition on subsequent behavior, previously malnourished children had attention deficits, reduced social skills, and poorer emotional stability than a comparison group.[3] Other researchers have found an array of developmental differences associated with childhood neglect.[4] This study now suggests that those differences include a greater risk of later criminal violence.

Research findings show how imperative are improved procedures for the identification of child abuse and neglect. Referring to the connection between child maltreatment and adult criminality, New York City instituted new procedures for police response and followup in cases involving suspected child abuse and neglect.[5]

Out-of-home placement and criminal consequences

Not all abused and neglected children grow up to become delinquents, adult criminals, or violent criminal offenders. What are some of the possible mediating variables that act to buffer or protect abused and neglected children? Placement outside the home is one possible buffer that was investigated with Phase I data. Scholars and practitioners have often criticized out-of-home placements (foster care, in particular). Children placed outside the home are considered a particularly vulnerable group, since they have experienced both a disturbed family situation and separation from their natural parents. Accordingly, child welfare policies today often seek to avoid removing the child from home and instead to mitigate negative family situations through counseling and related support.

In contrast to today's practices, the vast majority of a sample of the children abused and neglected roughly 20 years ago were placed outside the home during some portion of their childhood or early adolescence. Year-by-year information was available from juvenile court and probation records on 772 cases. For these children, out-of-home placements included foster care, guardian's home, and schools for the retarded or physically handicapped. Only 14 percent of these abuse and neglect cases had no record of having been placed up through age 18. The average amount of time in placement was about 5 years, and sometimes lasted through childhood and adolescence.

As exhibit 5 shows, there was remarkably little difference between the arrest records of those who remained at home and those who were placed outside the home due to abuse and neglect. (Predictably, both of these groups were strikingly different from those placed outside the home due to delinquency as well as abuse and neglect.) At least for this sample, then, an out-of-home placement did not lead to negative effects on the arrest measure for those who were removed from their homes due only to abuse and neglect.

The study also showed that stability may be an important factor in out-of-home placements. Children who moved three or more times had significantly higher arrest rates (almost twice as high) for all types of criminal behavior—juvenile, adult, and violent—than children who moved less than three times. In turn, children with multiple placements typically had behavior problems noted in their files. These notations covered a wide spectrum of problem behavior, including chronic fighting, fire setting, destructiveness, uncontrollable anger, sadistic tendencies (for example, aggressiveness toward weaker children), and extreme defiance of authority. Whether the behavior problems caused the moves, or the moves contributed to the behavior problems, is unclear. In either case, children with numerous placements obviously need special services.

These findings challenge the assumption that it is necessarily unwise to remove children from negative family situations. While stability of placement appears to be important, the potential damage of removing an abused and neglected child from the home did not include a higher likelihood of arrest or violent criminal behavior.

Phase II: Followup and In-person Interviews

While the findings from Phase I demonstrate convincingly that early child abuse and neglect place one at increased risk for officially recorded delinquency, adult criminality, and violent criminal behavior, a large portion of abused and neglected children did not have official arrest records. Indeed, the linkage is far from inevitable, since the majority of abused and neglected children did not become delinquents, adult criminals, or violent offenders. However, because the findings from Phase I were based on official arrest records, these rates may be underestimates of the true extent of delinquency and criminality. Phase I findings also do not tell us about general violent behavior, especially unrecorded or unreported family violence.

Phase II was designed to address many of the unanswered questions from the first phase by finding and interviewing a large number of these people 20 years after the childhood victimization. Most are now young adults in their early 20's and 30's; some are beginning to have their own children. The followup study aims to examine the full consequences of maltreatment as a child and to determine why some victims of childhood abuse and neglect fare well, while others have negative outcomes. The interviews will explore recollections of early childhood experiences, schooling, adolescence, undetected alcohol and drug problems, undetected delinquency and criminality, and important life experiences.

Preliminary Phase II findings, based on 2-hour followup interviews with 500 study and comparison group subjects, indicate that other negative outcomes may be as common as delinquency and violent criminal behavior. These interviews suggest that the long term consequences of childhood victimization also may include:

- Mental health concerns (depression and suicide attempts).
- Educational problems (inadequate cognitive functioning, extremely low IQ, and poor reading ability).
- Health and safety issues (alcohol and drug problems).
- Occupational difficulties (lack of work, employment in low level service jobs).

In addition to documenting the broader consequences of childhood victimization, Phase II is geared to identify "protective" factors that may act to buffer the negative results of abuse and neglect. The ultimate goal is to provide a base of knowledge on which to build appropriate prevention and treatment programs.

Exhibit 5. Juvenile and Adult Arrests as a Function of Placement Experiences for Juvenile Court Cases Only (n = 772)

		Arrest (in percent)			
Type of Placement	N	Any Juvenile (n=209)	Any Adult (n=217)	Both Juv. & Adult (n=115)	Any Violent (n=93)
No placement	106	15.1	29.2	8.8	10.4
Abuse/neglect placement only	489	17.8	23.3	8.8	8.4
Delinquency placement plus abuse/neglect	96	92.7***	60.4***	65.2***	34.4***

Note: Adult arrest rates restricted to subjects age 21 and older in March 1988.

*** p<.001

Conclusion and Implications

Childhood victimization represents a widespread, serious social problem that increases the likelihood of delinquency, adult criminality, and violent criminal behavior. Poor educational performance, health problems, and generally low levels of achievement also characterize the victims of early childhood abuse and neglect.

This study offers at least three messages to juvenile authorities and child welfare professionals:

- *Intervene early.* The findings of Phase I issue a call to police, teachers, and health workers for increased recognition of the signs of abuse and neglect, and serious efforts to intervene as early as possible. The later the intervention, the more difficult the change process becomes. Specialized attention needs to be paid to abused and neglected children with early behavior problems. These children show the highest risk of later juvenile and adult arrest, as well as violent criminal behavior.
- *Develop policies that recognize the high risks of neglect as well as abuse.* Also important in its implications for juvenile court and child welfare action is the fact that neglect alone (not necessarily physical abuse) was significantly related to violent criminal behavior. A picture emerges where physical abuse is only one point on a continuum of family situations that contribute to violence. Whether those situations result in active physical abuse, or more passive neglect, it is now quite clear that both forms of child maltreatment are serious threats. Neglect cases represent the majority of cases taxing the child protection system. Research shows that today's victim of neglect may well be a defendant in tomorrow's violent criminal case.
- *Reexamine out of home placement policies.* This NIJ study focused on cases during the period 1967–1971, when out-of-home placements were a common intervention. Detailed information available for 772 cases reveals that the vast majority (86 percent) were placed outside their homes for an average of 5 years. This contrasts sharply with today's efforts to avoid out-of-home placement on the assumption that separation may aggravate, rather than ameliorate, a child's problems. Yet, there was no evidence that those who were separated from their families fared any worse on the arrest measures than those who remained at home. Though these results are far from definitive, they do suggest that child protective policies in this area deserve close scrutiny. The assumption that removal from the home offers additional risk could not be confirmed by this study. Any policy founded on this assumption ought to be tested through careful local studies of the full consequences of out-of-home placement.

Notes

1. For further information on the design and sampling procedures, see Widom, C.S., "Child abuse, neglect, and adult behavior: Research design and findings on criminality, violence, and child abuse," *American Journal of Orthopsychiatry*, 59(1989):355–367.

2. Westat, Inc. *Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988*, Washington, D.C., U.S. Department of Health and Human Services.

3. J.R. Ounter, F. Ramsey, O. Solimano, and W.E. Lewell, "The influence of early malnutrition on subsequent behavioral development: II. Classroom behavior," *Journal of the American Academy of Child Psychiatry*, 24(1983):16–24.

4. See, for instance, R.E. Allen and J.M. Oliver, "The effects of child maltreatment on language development," *Child Abuse and Neglect*, 6(1982) 299–305; D. Egeland, A. Sroufe, and M. Erickson, "The developmental consequences of different patterns of maltreatment," *Child Abuse and Neglect*, 7(1983):459–469; A. Frodi and J. Smetana, "Abused, neglected, and nonmaltreated preschoolers' ability to discriminate emotions in others: The effects of IQ," *Child Abuse and Neglect*, 8(1984):459–465.

5. Benjamin Ward, Commissioner, New York City Police Department, press release No. 17, May 22, 1989.

Findings and conclusions of the research reported here are those of the researcher and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The National Institute of Justice is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, Bureau of Justice Statistics, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

NCJ 136607

Children are Affected

Violence affects all household members. Children who witness abuse, though sometimes not targets themselves, are no less victims. They suffer emotionally, behaviorally, and cognitively. There is no typical reaction. Age, gender, the amount of violence witnessed, and whether the child is a victim as well as an observer are all factors which influence cognitive, emotional and behavioral adjustment.

Emotional Effects

- Feelings of powerlessness
- Low self-esteem, feelings of worthlessness
- Confusion and insecurity
- Sadness and depression
- Poor definition of self and/or defines self in parenting role (role reversal)
- Ambivalence
- Constant fear
- Self-blame, guilt at escaping punishment and being unable to protect someone they love

Behavioral Effects

- Poor impulse control
- Stress disorders and psychosomatic complaints
- Increased social isolation, withdrawal
- Increased deceptiveness
- Aggressiveness
- Dependence, passiveness
- Bed-wetting, nightmares
- Lack of creativity and healthy exploration

Cognitive Effects

- Inability to predict and make inferences
- Difficulty focusing on the content of language; language is used to keep others at a distance rather than to convey meaning
- Feeling of incompetence, risk avoidance
- Lack of sense of consistency and predictability required for sequential ordering; encodes new information episodically or not at all
- Cause and effect relationships ill-defined
- Fear of abandonment

Behavior to Expect

- Loss of appetite
- Sleep disturbance
- School problems - refusal to go, truancy, poor performance
- Anxiety; fear of abandonment
- Perfectionism
- Shyness
- Increased violent behavior
- Verbal abusiveness, lying
- Regression - wanting the bottle, baby talk, thumbsucking
- Tantrums

Domestic Violence

The Problem

Domestic violence is abuse which occurs within a close personal or family relationship and which is used as a means of exercising power and control over another person. Acts of domestic violence or battering cause not only physical injury, but also the loss of trust, loss of personal safety in one's home, and loss of control over one's life.

Domestic violence generally takes one or more forms including physical abuse, verbal and/or emotional abuse, sexual abuse, destruction of property or pets, and/or economic abuse.

Violence is not confined to any socioeconomic, ethnic, religious, racial or age group. Both victims and batterers come from a wide spectrum of life experiences, backgrounds, and relationships. Anyone can abuse. Anyone can be a victim. However, the most frequent victims are women abused by their male partners.

Victims have a number of options in responding to the violence in their lives. They may stay in the relationship, get help in leaving, take legal action, or contact a domestic violence program.

The incidence of domestic violence is epidemic, yet it is estimated that only one out of ten incidents is reported. On an individual level, without appropriate intervention, domestic violence always increases in frequency and severity and has a long-term impact on the lives of victims and their children as well as society. Domestic violence is a major risk factor for homelessness, child abuse, crime and delinquency, drug and alcohol abuse, and rape.

The Statistics

- Domestic violence is the single greatest cause of injury to women in our society; battery by a spouse is responsible for more injuries than auto accidents, muggings, and rapes combined. (Randall, 1990; Stark & Flitcraft, 1988)
- 30% of female homicide victims are killed by their husbands or boyfriends. (Casanave & Zahn, 1986)
- In homes where there is spouse abuse, children are abused or seriously neglected at a rate 1,500% higher than the national average. (U.S. Senate Judiciary Committee, 1990)
- Between 50% and 70% of the men who batter their wives/partners also abuse their children. (Walker, et al., 1982)
- One-third of the children who witness the battering of their mother demonstrate significant behavioral and/or emotional problems. (Rosenbaum and O'Leary, 1981)
- Of boys aged 11 to 20 years old who commit homicide, 63% kill the man who is abusing their mother. (*The War Against Women: Overcoming Female Abuse*, 1985)
- 30% of children exposed to violence become violent adults. (Stark, 1990)

Domestic Violence and Children

In homes where there is spouse abuse, children are abused or seriously neglected at a rate 1500% higher than the national average according the U.S. Senate Judiciary Committee. In 70% of child abuse situations, the mother is also being abused. A Colorado study found that 55% of battering husbands abused their children.

Men and women who saw their parents physically attack each other were three times more likely to hit their own spouses than were those of non-violent parents. The sons of the most violent parents have a rate of wife beating ten times greater than that of the sons of non-violent parents.

In a majority of states, judges are not required to consider proof of domestic violence in determining child custody. Ten states and the District of Columbia require spousal abuse to be considered in temporary and/or permanent custody decision (Alaska, Arizona, California, Colorado, Florida, Illinois, Kentucky, Iowa, Texas and Washington).

Less than 15% of children who are molested are molested by total strangers. This startling statistic reveals that it is someone in that child's home environment who is the perpetrator.

Another chilling statistic reveals that 63% of boys, between the ages of 11 and 20, who commit homicide, murder the man who is beating their mother.

In testimony to the House Select Committee of the Pennsylvania House of Representatives, Dr. Evan Stark addressed the relationship between woman battering and child abuse. *"It is not difficult to imagine the dilemma current practices pose for the battered mother. The woman cannot protect her child unless she, herself, is protected. Too often, if she asks for protection for herself, her child may be removed from her custody."*

Dr. Stark further testified that *"We found that the battered mothers of abused children were more likely to have their children placed in foster care than non-battered mothers – a punitive intervention which tells the woman she is no good but does nothing to end the violence against her. As a result, she may lie or minimize her partner's abuse. Leaving herself doubly vulnerable. She may project a an image of being unable to cope, [illegible] abuse will be forthcoming."*

For additional information on the effects of domestic violence on children, see the article in this issue of the Voice entitled, *"Domestic Violence--Part III. The Effects on Children"* by Janet MacKay.

Domestic Violence: The Effects on Children

(Part III of the the Voice Series on Domestic Violence)

By Janet MacKay

Children who have repeatedly witnessed severe acts of emotional and physical abuse directed at their mother by her intimate partner have only recently been given attention and subsequent intervention. Their experiences have been varied--observing the violence directly by seeing their mother threatened or hit; by overhearing the behavior from another room; by seeing the bruises or other injuries on their mother or the emotional consequences of fear, hurt, and intimidation they recognize so well.

Witnessing the abuse of their parent can have a broad range of effects on children. Infants raised in a violent home have their basic needs for attachment to their mother significantly disrupted. Routines around sleeping and feeding are typically not normal. The stressful demands of an infant may be more difficult to handle for a mother in fear of abuse. Infants and toddlers can also be injured in an act of violence by being "caught in the crossfire." They may be accidentally hit, pushed, or dropped, or held by their mother for their own safety and become vulnerable targets of the abuse.

Boys and girls, looking to their parents as role models, learn that violence is an appropriate way of resolving conflicts. Children may attempt to practice what they have learned at home with fights in the neighborhood or at school. This, in turn, affects their school adjustment, triggers consequences from school, and causes more stressors to deal with than just those at home.

The emotional effects for school-aged children are numerous. They may live in shame in terms of the hidden violence and be embarrassed by the family secret. Also present may be the hope that someone will find out and rescue them. Their self-esteem and confidence in the future are undermined. The dynamic of isolation, often present in the violent family, excludes their participation in social activities.

Children often experience guilt out of a sense that they could prevent the violence. Confusion and a divided sense of loyalty between their parents can exist. This means wanting to protect their mother, but still respecting and fearing their father's right to control the family. Little peace or security is available for these children as they live with the fear and anxiety of waiting for the next violent episode.

For adolescents who have witnessed violence in their home, they may begin to repeat the pattern in their dating relationships. They may also see this as the time to escape from this family distress and violence. They spend more time away from home and may even run away. Those that stay may confront their mothers with the fact that they cannot live with violence any more. Some adolescents act out their anger and frustration through delinquent acts that result in intervention by the juvenile justice system. Some boys model the behavior they have learned by assaulting their mothers or siblings. Another way of dealing with living in a violent home, often exhibited by girls, is taking over the parenting responsibility for most members of the family.

As we can see, the effects on children who have witnessed violence in their homes is a serious problem. Responsibility for intervention in these children's lives must be a community effort.

Stopping the cycle of violence from one generation to the next requires awareness of the problem and a willingness to intervene at a crucial point. This can be accomplished by intervention with the battered victim or intervention with the witnessing children. The medical community, the school system, social service agencies and law enforcement can all take a part in breaking the cycle of violence. Strategies that can be utilized include defining assault against family members as a crime, recognizing the psychological impact, reporting incidents that have medical evidence, and promoting prevention programs that educate children on nonviolent approaches to conflict.

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Child Abuse in Battering Relationships

In a domestic abuse situation, it is common for the battering husband to also abuse the children in an attempt to coerce the wife (Planned Parenthood of Southeastern Pennsylvania v. Robert Casey, Supreme Court of the United States, 1992, No. 288, p. 34).

Children in homes where domestic violence occurs are physically abused or neglected at a rate 1500% higher than the national average (Sherry Ford, "Domestic Violence: The Great American Spectator Sport," Oklahoma Coalition on Domestic Violence and Sexual Assault, July/August 1991, p. 3).

In homes where domestic violence occurs, children are abused at a rate of 1,500% higher than the national average ("Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 2, p. 142,.p. 37).

Children are present in 41-44% of homes where police intervene in domestic violence calls (Sherry Ford, "Domestic Violence: The Great American Spectator Sport," Oklahoma Coalition on Domestic Violence and Sexual Assault, July/August 1991, p. 3).

The most serious cases of child abuse resulting in emergency room treatment are merely extensions of the battering rampages launched against the child's mother, with 70% of the serious injuries to children and 80% of the fatal injuries inflicted by men ("Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 2, p. 142).

The March of Dimes reports that pregnant women are at a particular risk . More babies are now born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all the diseases for which we immunize pregnant women ("Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 2, p. 135).

Men who batter their wives are likely to assault their children. The battering of women who are mothers usually predates the infliction of children (Stark & Flitcraft, 1988). At least half of all battering husbands also batter their children (Pagelow, 1989). The more severe the abuse of the mother, the worse the child abuse (Bowker, Arbitell, and McFerron, 1988) (Barbara Hart, Remarks from the Task Force on Child Abuse and Neglect, Pennsylvania, 1992).

Preliminary reports from the Boston Children's Hospital Child Abuse AWAKE PROGRAM indicate that 70% of the severely abused children in the program have mothers who are battered. This suggests that battering of women could also indicate the presence of child abuse (William M. Holmes, Statistical Analysis Center, "Police Response to Domestic Violence: Final Report for Bureau of Justice Statistics," December 1988, p. 16).

Boston City Hospital found a 60% correlation between abused children and battered women (L. McKibben, E. Devos, and E. Newberger, "Victimization of Mothers for Abused Children: A Controlled Study," 84 Pediatrics 531, 1989).

Several national studies have found that in 70% of families where the woman is battered, children are battered as well. One study found that abused mothers were eight times more likely to batter their children when these mothers were with their abusive partners than when they were not. Like all children, the children of violent families learn from their experiences - and they are more likely to establish similar abusive relationships with their own children ("Broken Bodies & Broken Spirits: Family Violence in Maryland and Recommendations for Change", Family Violence Coalition, Maryland, June 1991).

More than 75% of the women surveyed reported that their children had been physically or sexually abused by their batterers (Lenore Walker, Roberta Thyfault & Angela Browne, "Beyond the Juror's Ken: Battered Women," Vermont Law Review, Vol. 7, 1982, p. 11).

A major study of more than 900 children at battered women's shelters found that nearly 70% of the children were themselves victims of physical abuse or neglect. Nearly one-half of the children had been physically or sexually abused. Five percent had been hospitalized due to the abuse. The same study found that the male batterer most often abused the children (National Woman Abuse Prevention Project, "Understanding Domestic Violence: Fact Sheets," 1989, p. 3).

Of the 1,000 battered women in the study, 225 did not have children with the batterer. Wife beaters abused children in 70% of the families in which children were present (Lee H. Bowker, Michelle Arbitell and J. Richard McFerron, "On the Relationship Between Wife Beating and Child Abuse," Chapter 7 from Feminist Perspectives on Wife Abuse, Ed. Kersti Yllo and Michele Bograd, Newbury Park, CA: Sage Publications, 1988, p. 162).

In a recent study of the children of 27 women who sought help at a shelter for battered women, 55.6% of the women and 63% of the batterers were reported to be physically abusive of their children (from Jean Giles-Sims, 1985, quoted by Sue McLeer, "Slides from Dr. Sue McLeer," unpublished, Philadelphia, PA, 1989).

Fifty-three percent of battering husbands abuse not only their wives, but their children, too (Richard Weizel, "The Courts and the Cops," Valley Advocate, February 27, 1989, p. 3).

Based on the histories and symptoms of battered women and their children in shelters, researchers estimate the extent of overlap between wife assault and child physical or sexual abuse to be approximately 30% to 40% (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, pp. 21-22).

Fears for the safety of battered women's children are realistic. Many fathers inadvertently injure children while throwing about furniture and other household objects when abusing the woman. The youngest children sustain the most serious injuries, such as concussions and broken shoulders and ribs (Maria Roy, Children In The Crossfire, 1988, pp. 89-90).

Very young children, held by their mothers in an attempt to protect them, are hurt when the men continue to beat the mothers without any regard for the children's safety (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 26).

In a 36-month study of 146 American children, ages 11 to 17, who came from homes where wife beating was a major problem, all sons over the age of 14 attempted to protect their mothers from attacks - 62% of them were injured in the process (Maria Roy, Children in the Crossfire, 1988, p. 92)

In Gayford's study of 100 battered women, he found that 37% of the women and 54% of their batterers had beaten the children (J.J. Gayford, "Battered Wives," Violence and the Family, Ed. J.P. Martin, pp. 19, 25).

In Walker's study 53% of the 435 battered women reported that their batterers had also battered their children and 5% reported that they, themselves, had used physical violence against their children while angry at their batterers (Lenore Walker, The Battered Woman Syndrome, New York, NY: Springer Publishing Company, 1984, p. 27).

Roy found that one or more children were being abused in 45% of the maritally violent couples in her study (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 693).

In Hilberman and Munson's research, they found evidence of physical and/or sexual abuse of children in 20 of the 60 cases they studied. As they concluded: "There seems to be two styles of abuse: the husband beats the wife who beats the children, and/or the husband beats both his wife and the children" (Charles P. Ewing, Battered Women Who Kill: Psychological Self-Defense as Legal Justification, Lexington, MA: Lexington Books, 1987, p. 12).

Straus found that almost one-third of the families in which there was a violent incident between spouses also reported the presence of child abuse (Lee H. Bowker, Michelle Arbitell and J. Richard McFerron, "On the Relationship Between Wife Beating and Child Abuse," Chapter 7 from Feminist Perspectives on Wife Abuse, Ed. Kersti Yllo and Michele Bograd, Newbury Park, CA: Sage Publications, 1988, p. 159).

One-third of the families in which the husband-wife abuse was severe enough to be considered wife abuse, the batterer also abused a child (Jean Giles-Sims, "A Longitudinal Study of Battered Children of Battered Wives," Family Relations, Vol. 34, April 1985, p. 205).

It's been estimated that child abuse is present in 13% of all battering relationships (Jane O'Reilly, "Wife Beating: The Silent Crime," Time, September 5, 1983, pp. 23-24).

Straus et. al. reported that the risk of child abuse is 12% higher where the husband hits his wife (Evan Stark and Anne E. Flitcraft, "Violence Among Intimates: An Epidemiological Review," Chapter 13 from Handbook of Family Violence, Ed. Von Haselt, et. al., New York: Plenum Press, 1988, p. 304).

In an attempt to establish the actual relationship between child abuse and battering in families, 116 mothers of children "darted" or flagged in a single year for abuse or neglect at a metropolitan hospital were studied by Stark and Flitcraft (1984). A screening mechanism developed to identify battering in a medical population was employed to examine each injury episode in the mothers' adult lives. These examinations revealed that 45% of the abused children had mothers who themselves were being physically abused and another 5% had mothers whose relationships were "full of conflict," although abuse was not verified. Children whose mothers had been battered were more likely to be physically abused and less likely to be "neglected" than children whose mothers had not been battered (Lee H. Bowker, Michelle Arbitell and J. Richard McFerron, "On the Relationship Between Wife Beating and Child Abuse," Chapter 7 from Feminist Perspectives on Wife Abuse, Ed. Kersti Yllo and Michele Bograd, Newbury Park, CA: Sage Publications, 1988, pp. 159-160).

A Toronto, Ontario research project indicated that 68% of 2,910 wife assault cases had children present (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 21).

Tormes found that 13 out of 20 incestuous fathers were also physically violent to their wives and to other family members (Donna L. Truesdell, John S. McNeil and Jeanne P. Deschner, "Incidence of Wife Abuse in Incestuous Families," Social Work, March-April 1986, p. 138).

Julian and Mohr reported an incidence of 25.5% of wife abuse cases in families in which incest occurred (Donna L. Truesdell, John S. McNeil and Jeanne P. Deschner, "Incidence of Wife Abuse in Incestuous Families," Social Work, March-April 1986, p. 138).

Dietz and Craft discovered that 78% of the social workers interviewed believed that the mothers in the incestuous families were victims of wife battering (Donna L. Truesdell, John S. McNeil and Jeanne P. Deschner, "Incidence of Wife Abuse in Incestuous Families," Social Work, March-April 1986, p. 138).

As a 1978 study of family violence showed, child abuse is 129% more frequent in families where there is also spouse abuse, since the same twisted ideas about male control of women and children are in operation (Hanna Lessinger, "A Case of Justifiable Homicide?" Guardian, May 25, 1983).

Abuse of children by a batterer is more likely when the marriage is dissolving, the couple has separated, and the husband/father is highly committed to continued dominance and control of the mother and children (Bowker, Arbitell, and McFerron, 1988). Where the mother is assaulted by the father, daughters are exposed to a risk of sexual abuse 6.51 times greater than girls in nonabusive families (Bowker, Arbitell, and McFerron, 1988) (Barbara Hart, Remarks from the Task Force on Child Abuse and Neglect, Pennsylvania, 1992).

Child abduction occurs at alarming rates in this country: 40.4 children are abducted by a parent every hour. Seventy percent of the child snatchers are fathers or their agents. Fully 41% of the abductions occur between the separation of the parents and the divorce. Yet another 41% happen after the parents are separated or divorced more than two years. Children often suffer severe emotional and physical repercussions related to parental abduction. Authorities fail to recognize the connection between domestic violence and child abduction (Finkelhor et al., "Missing, Abducted, Runaway, and Thrownaway Children in America," Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 1990).

Battering men use custodial access to the children as a tool to terrorize battered women or to retaliate for separation. Each year more than 350,000 children are abducted by parents in this

country; that is, 40.4 children are abducted per hour. Fifty four percent of these abductions are short-term manipulations around custody orders, but 46% involve concealing the whereabouts of the child or taking the child out of state. Most of these abductions are perpetrated by fathers. Fully 41% occur between the separation of the parents and the divorce. More than half of these abduction s occur in the context of domestic violence (Greif and Heger, 1992) (Barbara Hart, Remarks from the Task Force on Child Abuse and Neglect, Pennsylvania, 1992).

Eight times as many women report using physical discipline on their children while with their batterer than when living alone or in a non-battering relationship (Lenore Walker, The Battered Woman Syndrome, New York, NY: Springer Publishing Company, 1984, p. 150).

If the mother has been hit, she is more than twice as likely to abuse her own child as a mother who has not been hit by her husband (Jean Giles-Sims, "A Longitudinal Study of Battered Children of Battered Wives," Family Relations, Vol. 34, April 1985, p. 205).

Studies have found that mothers who are the victims of frequent abuse are more likely to victimize their children than non-abused mothers; and that mothers who experience severe violence are more likely to use severe in resolving conflicts with their children (M.P. Koss, "The Women's Mental Health Research Agenda: Violence Against Women," American Psychology, 1990, pp. 374-380).

Some in-depth research suggests that mothers are up to eight times more likely to physically abuse a child when they are in a violent relationship than when that same mother is with a non-violent partner (Lenore Walker, The Battered Woman Syndrome, New York: Springer Publishing, 1984).

Witnessing or Experiencing Violence as a Child

Boys who have witnessed abuse of their mothers are 10 times more likely to batter their female partners as adults ("Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 2, p. 93).

Hotaling and Sugarman (1986) surveyed potential risk markers of husband to wife violence using 52 case comparison studies as a source of data. Among 42 characteristics cited in the literature, they found only one to be a consistent risk marker for female victims--witnessing parental violence while growing up. Kaufman and Zigler (1987), in a comprehensive review of the literature on intergenerational transmission of violence, estimated the rate of intergenerational transmission to be 30%, plus of minus 5%. Their finding suggests that approximately one-third of those who have suffered physical or sexual abuse or neglect as a child will subject their own children to some form of abuse, two-thirds will not (Sharon Wofford, Delbert Elliott, and Scott Menard, "Continuities in Marital Violence," to be submitted to the Journal of Family Violence, June 1992).

Department of Youth Services of Boston report that children of abused mothers are 6 times more likely to attempt suicide, 74% more likely to commit crimes against the person. They were 24 times more likely to have committed sexual assault crimes and a 50% more likely to abuse drugs and/or alcohol ("Women and Violence," Hearings before the U.S. Senate Judiciary Committee, August 29 and December 11, 1990, Senate Hearing 101-939, pt. 2, p. 131).

It is estimated that family violence is prevalent in 3 to 4 million American homes (Jaffe, Wolfe, and Wilson, Children of Battered Women, Newbury Park, CA: Sage, 1990). If 2.5 children are living in each, that's at least 7.5 million kids learning violence every year either as a spectator or as a participant (Sherry Ford, "Domestic Violence: The Great American Spectator Sport," Oklahoma Coalition on Domestic Violence and Sexual Assault, July/August 1991, p. 3).

Children from violent homes are at a greater risk for alcohol and drug abuse and juvenile delinquency (Sherry Ford, "Domestic Violence: The Great American Spectator Sport," Oklahoma Coalition on Domestic Violence and Sexual Assault, July/August 1991, p. 3).

Reports by battered mothers show that 87% of children witness the abuse (Lenore Walker, The Battered Woman Syndrome, New York: Springer Publishing Co, 1984, p. 59).

Many children suffer low self-esteem, sadness, depression, stress disorders, poor impulse control, and feelings of powerlessness, and they are at high risk for alcohol and drug use, sexual acting out, running away, isolation, loneliness, fear, and suicide (Peter Jaffe, David Wolfe & Susan Kaye Wilson, Children of Battered Women, 1990, pp. 28-29).

Children who grew up in violent homes had a 74% higher likelihood of committing criminal assaults, according to a survey by the Massachusetts Department of Youth Services. And another study found that a staggering 63% of imprisoned youngsters between the ages of 11 and 20 were doing time for killing their mother's batterer (John Sedgwick, "The Face of Crime in America, Self, May 1992).

Retrospective accounts from women in shelters reveal that as many as 80% of the women recall witnessing their mother being assaulted by their father as well as being assaulted themselves (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 21).

Parker and Schumacher reported that 68.4% of the abused wives in their study had mothers who had been similarly abused (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, pp. 693-4).

Battering was reported to have been present in 67% of the battered women's childhood homes, 81% of the batterers', and only 24% of the non-batterers'. This finding supports the theory that violence is a learned behavior (Lenore Walker, The Battered Woman Syndrome, New York, NY: Springer Publishing Company, 1984, p. 19).

Almost one-half of Walker's sample of battered women had been sexually assaulted as a child (Lenore Walker, "Eliminating Sexism to End Battering Relationships," Paper presented at the American Psychological Association, Toronto, ON, 1984, p. 10).

In a community sample of battered women who were not residing in crisis shelters, almost one-third indicated that they had witnessed violence and had been abused themselves (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 21).

Fojtik found that 33% of the abused wives in her sample had witnessed parental spouse abuse (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 693-4).

Roy reported violence in the families of origin of 33% of the abused wives in her study (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 693).

Women who experienced family violence as children are about one-third more likely to experience it in their marriages than women who did not (Mark A. Schulman, A Survey of Spousal Violence Against Women in Kentucky, Washington, DC: U.S. Department of Justice, 1987, p. 2).

In the shelter sample, a little more than two out of every seven women considered themselves to be daughters of battered woman (Lewis Okun, "Termination or Resumption of Cohabitation in Woman Battering Relationships: A Statistical Study," Chapter 6 from Coping With Family Violence: Research and Policy Perspectives, Ed. Gerald Hotaling, et. al., Newbury Park, CA: Sage Publications, 1988, p. 116).

When Stark and Flitcraft compared the pediatric records of battered and nonbattered women, they found that the abuse victims had an excess risk of childhood abuse 14 times higher than expected (15% vs. 1%) (Evan Stark and Anne E. Flitcraft, "Spouse Abuse," Surgeon General's

Workshop on Violence and Public Health Source Book, presented at the Surgeon General's Workshop on Violence and Public Health in Leesburg, VA, October 1985, p. 17).

The two greatest risk factors for a man to batter a woman are having witnessed his own father batter his mother, or having himself been abused during childhood (Gerald T. Hotaling and David B. Sugarman, "An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge," Violence and Victims, Vol. 1, Summer 1986).

The sons of the most violent parents have a rate of wife-beating 1,000% greater than that of the sons of non-violent parents (20%) (Murray A. Straus, Richard J. Gelles & Suzanne K. Steinmetz, Behind Closed Doors: Violence in the American Family, Garden City, NY: Anchor Books, 1980, p. 16).

The data summarized by Straus, et. al., (1980) show that [white] men from violent homes are 10 times more likely to abuse their wives than men from nonviolent childhoods; but 90% of the children from violent homes and even 80% of the children from homes classified as most violent do not become batterers. Conversely, a current batterer is more than twice as likely to have had a "nonviolent" than a violent childhood and 7 times more likely to come from a nonviolent than from the "most violent" homes (Evan Stark and Anne E. Flitcraft, "Spouse Abuse," Surgeon General's Workshop on Violence and Public Health Source Book, presented at the Surgeon General's Workshop on Violence and Public Health in Leesburg, VA, October 1985, p. 17).

The people who experienced the most punishment as teen-agers have a rate of wife-beating and husband-beating that is four times greater than those whose parents did not hit them (Murray A. Straus, Richard J. Gelles & Suzanne K. Steinmetz, Behind Closed Doors: Violence in the American Family, Garden City, NY: Anchor Books, 1980, p. 110).

Straus, Gelles, and Steinmetz (1980) found that men who had witnessed violence between their parents were almost three times as likely to hit their wives than sons of nonviolent parents. Similarly, Fagan, Stewart, and Hansen reported that exposure to violence in childhood was the strongest predictor of the prevalence of spouse abuse, as well as a predictor of the severity of injuries experienced by the wife. In fact, the majority of studies on abusive men find that a high percentage come from homes in which there was either abuse of a spouse, a child, or both. Such findings are consistent with studies of homicides occurring between partners, which indicate that the majority of men involved in those relationships also witnessed abuse and/or were abused as children (Murray A. Straus, Richard J. Gelles & Suzanne K. Steinmetz, Behind Closed Doors: Violence in the American Family, Garden City, NY: Anchor Books, 1980, p. 110 and Angela Browne, When Battered Women Kill, New York, NY: The Free Press, 1987, p. 31).

Debra Kalmuss conducted a study which indicted that for male respondents, observed parental hitting doubled the odds of husband-to-wife aggression in their later relationships, and this was much more strongly related to the later perpetration of violence against a partner than was having been hit by one's parents (Angela Browne, When Battered Women Kill, New York, NY: The Free Press, 1987, p. 31).

Seventy percent of the participants in one treatment program for batterers came from violent homes, according to the National Woman Abuse Prevention Project (Raequel Roberts, "Abuse follows well-worn pattern," The Houston Post, October 18, 1989, p. A-14).

In 63% of the men's families in Walker's study, their fathers beat their mothers. This is in contrast to 27% of the non-batterers' homes. In 61% of the men's childhood home they were battered by their fathers and in 44%, they were battered by their mothers. In some cases, they were battered by both. These data become even more significant when compared to the 23% of non-batterers beaten by their fathers and 13% by their mothers. Perpetuating the high level of violence in the family, over one-half of the batterers (53%) battered their children (Lenore Walker, The Battered Woman Syndrome, New York, NY: Springer Publishing Company, 1984, pps. 20, 35)

Of 42 characteristics of female victims investigated by researchers, only one--witnessing violence between parents or caregivers while growing up--is consistently related to future wife abuse. (73% of the studies found this effect, while 27% did not.) Similarly, men who witnessed parental violence are much more likely to later perpetrate abuse against a female partner than men who were the victims of child abuse but did not witness abuse between their parents or caregivers. In the review by Hotaling and Sugarman, 94% of the empirical studies found a significant relationship for men between witnessing parental violence and later abusing a partner, whereas 69% found being the victim of child abuse to be associated with partner abuse and 31% did not (Angela Browne, When Battered Women Kill, New York, NY: The Free Press, 1987, p. 31).

Fojtik found that 50% of the abusive men in her sample had witnessed parental spouse abuse (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 693-4).

Retrospective studies have indicated that abusers more frequently grow up in families where mother was battered (22/49) than men from non-violent, but discordant marriages (1/20) or men with satisfactory marriages (2/20) (from Rosenbaum and O'Leary, 1981, quoted by Sue McLeer, "Slides from Dr. Sue McLeer," Unpublished, Philadelphia, PA, 1989).

Nationally, 70% of those in abusive relationships came from families in which they were abused as children (Straus, et. al., 1980, cited in the Affidavit of R.H. Doyle for the Circuit Court, Florida).

Extrapolating from their sample, Stark and Flitcraft have suggested that fully 79% of women with a history of documented child abuse may be battered women, a very high degree of sensitivity, and one battered woman in four may have a childhood history that includes child abuse, making child abuse relatively specific as well. This also means that 75% of currently battered women do not have a childhood history of violence (Evan Stark and Anne Flitcraft, "Violence Among Intimates: An Epidemiological Review," Chapter 13 from Handbook of Family Violence, Ed. von Haselt, et. al., New York: Plenum Press, 1988, p. 309).

Almost 82% of the husbands who witnessed parental spouse abuse were also victims of child abuse at the hands of one or both parents (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 698).

Straus et. al. presented extensive data on the sensitivity and specificity of childhood violence as an indicator of current battering behavior, demonstrating that men from violent childhoods (5% of the total population) are three times as likely to hit their wives and 10 times more likely to abuse them as men from nonviolent childhoods. However, the currently nonviolent group is far larger than the group in their sample that is currently abusive in our terms. As a result, extrapolating to the population as a whole, this data indicates that 90% of the children from violent homes and even 80% of the children from the homes that are the most violent do not become batterers. Moreover, although a boy who witnessed wife abuse is three times as likely to abuse his wife as a boy who did not witness parental abuse, given the relative proportions of children from violent and nonviolent homes, (5% to 37%), a current batterer is more than twice as likely to have had a nonviolent childhood (7:3) and seven times more likely to come from nonviolent than from the most violent homes. In sum, childhood exposure to violence appears to be neither a sensitive nor a specific indicator of battering by men (Evan Stark and Anne Flitcraft, "Violence Among Intimates: An Epidemiological Review," Chapter 13 from Handbook of Family Violence, Ed. von Haselt, et. al., New York: Plenum Press, 1988, p. 309).

Sinclair, based on her clinical experience, has suggested that if children are in a violent family 80% of them will witness an episode of wife assault (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 21).

Of the 1,014 witnesses who testified in 928 wife assault cases, 50% were children (Lee H. Bowker, Michelle Arbitell and J. Richard McFerron, "On the Relationship Between Wife Beating and Child Abuse," Chapter 7 from Feminist Perspectives on Wife Abuse, Ed. Kersti Yllo and Michele Bograd, Newbury Park, CA: Sage Publications, 1988, p. 160).

Carlson estimates (based on an average of two children in 55% of violent households) that at least 3.3 million children in the United States between the ages of 3 and 17 years are yearly at risk of exposure to parental violence (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 21)

Other investigators have reported that boys who witnessed violence tended to use violence as [a] means of problem solving and demonstrated aggressive behavior toward peers and parents (particularly mother) (from Gelles, 1972, Davidson, 1978, Carlson, 1977, quoted by Sue McLeer, "Slides from Dr. Sue McLeer," Unpublished, Philadelphia, PA, 1989).

Nearly 71% of women in the homicide group and 65% in the nonhomicide group reported that they had been the victims of and/or witnessed physical abuse in their family of origin (Angela Browne, "Assault and Homicide at Home: When Battered Women Kill," Advances in Applied Psychology: Vol. 3, Ed., M.J. Saks and L. Saxe, Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., p. 66).

Eighty-four percent of the men in the nonhomicide group had reportedly witnessed or been the victims of abuse during childhood. In the homicide group, 18% of women didn't know that information about the childhood of their mates, but of those who did, 91% reported abuse occurring in the man's childhood home (Angela Browne, "Assault and Homicide at Home: When Battered Women Kill," Advances in Applied Psychology: Vol. 3, Ed., M.J. Saks and L. Saxe, Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., p. 66).

Studies of battered women indicate that a high percentage have come from abusive homes. Research on incest victims also points to a strong tendency for these individuals to become involved in battering or other assaultive relationships as adults. Herman has hypothesized that a history of child sexual or physical abuse, or witnessing the abuse of others in the home, may have the effect of making a woman less skilled at resisting abusive behavior and more apt to accept victimization as a part of the expected interactions of a family (Angela Browne, "Assault and Homicide at Home: When Battered Women Kill," Advances in Applied Psychology: Vol. 3, Ed., M.J. Saks and L. Saxe, Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., p. 70).

Perhaps 30% of children exposed to violence become violent adults (Evan Stark, "Rethinking Homicide: Violence, Race, and the Politics of Gender," International Journal of Health Services, Vol. 20, No. 1, 1990, p. 9).

Lewis, Shanok, Pincus and Glaser noted that 79% of violent children in institutions reported that they had witnessed extreme violence between their parents whereas only 20% of the nonviolent defendants did so (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 60).

Based on their work with delinquent populations, Fagan and Wexler estimate that between 20% and 40% of families of chronically violent adolescents had experienced marital violence (depending on the reporting source) (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 59).

Hughes reported that 22% of her sample of children residing in shelters were characterized as very withdrawn and 10% were described as having made suicidal gestures. The children showed signs of restlessness and nervousness, confusion because of the differences between home and school environments, reticence in discussing violence, and fantasies about a different home life. Similarly, Alessi and Hearn reported that a sample of children in a shelter for battered women often exhibited a high degree of anxiety, such as biting fingernails, pulling their hair, and somatic complaints of headaches and "tight" stomachs (Peter G. Jaffe, David A. Wolfe and Susan Kaye Wilson, Children of Battered Women, Newbury Park, CA: Sage Publications, 1990, p. 49).

Various studies have catalogued serious behavioral and emotional consequences of living in a violent home. For example, Gayford and others described a range of children's reactions that included enuresis, stealing, temper tantrums, truancy, violence toward others, insomnia, anxiety, tics, and the presence of fears and phobias. Hilberman and Munson were the first to describe a developmental pattern for child witnesses. Characteristic problems of pre- and elementary-school children included psychosomatic complaints, school phobias, enuresis, and insomnia. Older children showed sex-specific reactions. Boys typically engaged in aggressive, disruptive behavior, while girls were reported to have difficulty concentrating on schoolwork. In other studies, adolescents, particularly females, were noted to suffer from feelings of worthlessness, depression, negative attitudes toward marriage, and distrust of intimate relationships. Male adolescents were reported to view the use of force as a legitimate means of solving interpersonal conflict. They were also found to be vulnerable to behaving violently toward their girlfriends and, at times, toward their mothers (Gail S. Goodman and Mindy S. Rosenberg, "The Child Witness to Family Violence: Clinical and Legal Considerations," Chapter 6 from Domestic

olence on Trial: Psychological and Legal Dimensions of Family Violence, Ed. Daniel J. onkin, New York, NY: Springer Publishing Company, 1987, p. 100).

orter and O'Leary correlated measures of overt marital hostility with children's behavioral problems in a sample of clinic-referred boys and girls, ranging in age from 5 to 16 years. Significant correlations between overt marital hostility and a variety of behavioral problems emerged for the boys but not for the girls. For the boys between 5 and 10 years of age, marital hostility significantly correlated with conduct disorders and total pathology scores; for boys between 11 and 16 years of age, marital hostility significantly correlated with socialized delinquency, personality disorder, inadequacy-immaturity, and total pathology. In a later study of 10-year old boys, Rosenbaum and O'Leary report that boys from violent families exhibited more behavioral problems than did boys from either discordant but nonviolent families or satisfactory marital relationships (Gail S. Goodman and Mindy S. Rosenberg, "The Child Witness to Family Violence: Clinical and Legal Considerations," Chapter 6 from Domestic Violence on Trial: Psychological and Legal Dimensions of Family Violence, Ed. Daniel J. Sonkin, New York, NY: Springer Publishing Company, 1987, p. 100).

Children who live in abusive homes are at higher risk to become adjudicated as delinquent; often accused of burglary, arson, forgery, prostitution, running away, drug charges and other assaults (Lenore Walker, "Eliminating Sexism to End Battering Relationships," Paper presented at the American Psychological Association, Toronto, ON, 1984, pp. 2-3).

In a study of 2½- to 8-year old child witnesses to spousal violence, Westra and Martin found preliminary evidence of decreased cognitive abilities and poor school performance relative to the children's age norms (Gail S. Goodman and Mindy S. Rosenberg, "The Child Witness to Family Violence: Clinical and Legal Considerations," Chapter 6 from Domestic Violence on Trial: Psychological and Legal Dimensions of Family Violence, Ed. Daniel J. Sonkin, New York, NY: Springer Publishing Company, 1987, p. 102).

One study reported behavioral or emotional problems in one-third of the children of spouse-abusive couples (Alan Rosenbaum and K. Daniel O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, Vol. 51, No. 4, October 1981, p. 693).

No systematic studies have been done on the indirect effects of family violence on girls although clinical reports suggest that they tend to be passive, withdrawn, anxious and clinging (from Hilberman and Munson, 1978, quoted by McLeer, "Slides from Dr. Sue McLeer," Unpublished, Philadelphia, PA, 1989).

Senator DODD. Judith, we are glad to have you with us today.

Ms. HYDE. Senator Dodd, Senator Wellstone, and members of the committee, I am really honored to be here today to talk with you about children, domestic violence, and The Children's Law Center I have started in Willimantic, CT, which is halfway between Hartford and Boston in the northeast corner.

If you call our Children's Law Center on the telephone and get our machine, a child tells you that I am out getting legal muscle for kids. And it is true today, at any rate; that is why I am here, to talk about what happens to kids in courts after conflicted parents have separated, the ways in which maybe our system continues and perpetuates the violence.

My mission is quite simple: to make sure that kids have good lawyers in custody and visitation disputes when there are also questions of child abuse. I must do this because I am unwilling to sit by any longer and watch one more child go down the tubes.

The murder of a child in my office during supervised visitation last year was the last straw. It was just about 1 year ago today. And no one in the court system asked that child how she felt about the mandated weekly visits with her father. No one is asking another 4-year-old I know how she feels about going on long visits—as long as 10 days or 2 weeks—with an alcoholic batterer who happens to be her father, while he is awaiting trial for having molested her big sister for 5 years. I have asked her; she does not like going one bit.

Children need someone to stick up for them in complex family problems, especially when there are abuse allegations. Sometimes children do have lawyers, even experienced, committed ones. But they have to play by a set of rules based on the supremacy of adults' rights.

The parent's right to maintain a relationship with a child, no matter what the parent has done, takes precedence over the child's right to safety or emotional protection. Judge Charles Gill, the president of the National Task Force for Children's Constitutional Rights, says: "The joining of sperm and egg does not give our parents eternal property rights." I agree with him about that.

A sign of the nervousness that accompanies discussions of children's rights is shown in a recent cartoon that shows a child on his way to the principal's office, and outside the door is a concession cart with an umbrella, and behind it sits a man in a tie. The cart says "Children's Rights Attorney."

Let me make it clear that I am not talking about an ERA for children. I am not talking about giving children power equal to adults. I am not talking about helping children to divorce their parents or sue their teachers. I am talking about seeking legal protection from assault, from terror, from molestation, from undue coercion.

A protective supervisor who sits on The Children's Law Center board says, "You know, we do not force children in foster care to visit with parents if they do not want to." But there seems to be an assumption in family matters court, though, that mothers can and should coerce their children to go on visits. This is supposed to somehow be in their best interest. I remember one mother asking, "How do I get them out of the tree?"

There is a lot of confusion about how to determine what is in the child's best interest or how and when the standard should be applied. Those of us in Connecticut who are working on this issue would like to invite you, Senator Dodd, to help us with this. We would like you and Dr. Solnet, in celebration of the 20th anniversary of the publication of "Beyond the Best Interest of the Child," to participate with us in a symposium in 1994 to further our thinking about best interest, especially as it applies in family court proceedings. You have a minute for a response there, Senator. [Laughter.]

Senator DODD. We have already received the invitation; I will be getting back to you.

Ms. HYDE. Let me say just a little bit about The Children's Law Center and how I think it can help. First, we are not the only one in the country. I know of about 13 such programs, 5 of which are in California. Some are set up within State judiciary departments. Some have impressive corporate funding, and those are the ones that are able to provide a wide range of legal services for children, including child welfare, special education advocacy, guardianship, and emancipation.

Well, we have no funding. We rely entirely on donated space and services and have gotten up and running on less than $1,000. More than 50 individuals, including 20 lawyers, have been involved in getting this going, and we now have 5 lawyers who have agreed to provide pro bono representation.

Many people in the court system and in the media are paying very close attention—there will be a story in the New York Times Sunday soon—and there is information about the operation of the center in your packet, so I will not go into any more detail here about exactly how it works.

But I just want to say that we are about to take our first case; we have our first cross-disciplinary training between the clinical and legal professionals, which will take place in January.

I just want to end by telling you a little bit about our probable first clients. They are three brothers, ages 7 to 14, who are now required to visit with their father. The record shows that he is violent, psychotic, and alcoholic. In the marriage, he was physically assaultive to the mother and oldest child. The kids do not feel safe with him because of the voices in his head that he wants them to listen in on; and when he drives with them, he tells them that Satan is in control of his car. The visitation order specifies supervision by father's parents, but first he has to get off probation for having assaulted them.

By representing children like these, we hope to accomplish three things—first, to give the child a way of having his or her point of view entered into the complex of issues and opinions that enter into court decisions. Second, we want to put pressure on the legal system not only to consider the needs of the child, but to make them paramount. And third, we would like to improve the standard of representation for children so that kids' lawyers can no longer be called "potted plants," which stand around looking decorative but do not do much. That is the way one lawyer on my advisory board characterized them.

So that is essentially what I wanted to say about The Children's Law Center, and I have also included in my testimony information about The Family Peace Centers that exist in Hawaii and which I would like to commend to you as another model of a comprehensive family violence program.

Thank you very much.

Senator DODD. Thank you very much.

[The prepared statement of Ms. Hyde follows:]

PREPARED STATEMENT OF JUDITH HYDE, MA.

Founder and co-executive director, The Children's Law Center; Director since 1979 of The Child Protection Council of Northeastern Connecticut; Child and family therapist; Board member, Connecticut Children and the Courts Committee; Select Committee on Children working group on a constitutional amendment for children's rights, Connecticut Legislature.

I have been asked to address two questions: what happens to children who are exposed to domestic violence, and how will it help to have a non-profit agency to provide legal representation for children in proceedings affecting their lives. In addition, I will comment on supervised visitation and make a recommendation.

THE EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Well documented in the literature are a number of consequences of witnessing violence in the home including fear, helplessness, depression, guilt, anxiety, sleep disturbance and delayed development. These children suffer somatic symptoms as well, more illness, more hospitalizations and more problems with elimination functions. Problems persist often well after violence ends. I am now treating a 7 year old girl whose violent father left the scene when she was three: she has a separation disorder and rubs off her eyebrows when upset.

Lenore Terr MD, the leading expert on childhood trauma, differentiates the effects of unanticipated single traumatic events or terrors (type I) and those which follow from long-standing or repeated exposure to extreme events (type II). Both have profound and enduring impacts. Type II, more likely to be the trauma associated with repeated violent episodes, has the effect of triggering massive attempts to protect the psyche. Coping mechanisms include massive denial, repressions, dissociation, self-anesthesia, self-hypnosis, identification with the aggressor, and aggression turned against the self. These can lead to profound character changes, the root of character pathology later in life. The emotions stirred up, according to Terr, are an absence of feeling, a sense of rage, or unremitting sadness, in addition to ubiquitous fear. Judith Herman, MD, in Trauma and Recovery explains "people subjected to prolonged, repeated trauma develop an insidious progressive form of post-traumatic stress disorder that invades and erodes the personality—the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all." (p. 86) This applies equally to boys.

Much research has focused on the harmful effects of child abuse, but longitudinal research now shows that children who witness parental or sibling abuse may actually suffer more than those abused themselves. (Rosenbaum & Leary, "Children: the unintended victims of marital violence," Amer. J. Orthopsychiatry, 692). Feelings of guilt are especially severe when the survivor has been a witness to the suffering of other people.

THE CHILDREN'S LAW CENTER

Where did the idea come from to start a place where children could get good legal representation? Its roots go back to 1980 when a Family Relations supervisor berated me for giving the mother of a five year old client "bad advice" in supporting her resistance to a plan of overnight visits with her father. The mother had caught the father red-handed in the child's bed molesting her. The State Trooper who interviewed the child said to me that the man was "an animal" but there was nothing further she could do since father, on advice of his lawyer, had declined to be interviewed by the police. The prosecutor declined to go for an arrest with a victim was so young. "You've got to understand," the Family Relations supervisor said, "this court is no friend of the mother. She doesn't have the money to take it to trial." Mother felt she had no choice but to allow the overnight visitation father sought in exchange for half the proceeds from the sale of the house. I had my first lesson in children as property .

The prevailing rights of biological parents were essentially reaffirmed by the Supreme Court in the Joshua DeShaney case (489 U.S. 189) (1989) and the Maurice Bouknight case (110 S. Ct. 900)(1990). In the first case, the Court found that the state did not have a responsibility to protect Joshua who had been returned to abusive father's care and was then profoundly and permanently brain injured. The father was entitled to due process and protection from infringement on his family relationships. Justice Blackmun dissented. "The Court itself retreats into a sterile formalism which prevents it from recognizing either the facts of the case before it or the legal norms that should apply to those facts." Maurice Bouknight is the abused toddler whom his drug addicted mother refused to produce for the court's inspection after she had failed to meet any of the rational plan developed for her to mend her ways. She pleaded the fifth and was put in jail for contempt. Chief Justice Rehnquist asked "could not reasonable people see what was happening to Maurice here?" There need to be protective rights for children to balance the national policy of family-adult rights. One avenue to this goal is consistent high quality legal representation for children. The American Bar Association recently issued a report from a committee considering children's legal needs in this country. President J. Michael McWilliams said "the tale of tragedy is alarming—lawyers must give children the same level of zealous advocacy they now deliver to their adult and corporate clients—children should have competent counsel representing their interests in all significant judicial proceedings that affect their lives. Sadly, this is a principle yet to be generally realized in American jurisprudence."

Over the years I have stood helplessly by, watching children and their protective parents be harmed and even destroyed by a legal system that tries to solve problems of domestic violence and sexual abuse by knocking heads together. Last Friday a mother cried to me "I promised her I would never let her father molest her again. Now Family Relations is going to recommend the supervision of their visits be dropped. I am very close to a nervous breakdown." In the last year alone the stress of the legal system has been directly contributory to prolonged psychiatric hospitalization by a mother who was otherwise functioning well, an attempted murder of the abusing father by a mother who had no history of violence or emotional problems, threats of murder and suicide by other parents I've worked with, and numbers of cases of extraordinary debts due to legal costs. The culmination was the murder in my office of a 6 year old child by her father during a supervised visit. A week later, it was clear to me that I had to find a new way to create a voice for the protection of children in the family court system. My chronic despair from repeatedly seeing what lay in store, and seeing no way of helping clients to overcome the legal maneuverings and arbitrary power of judges to make decisions without legal back up for the child finally propelled me to action.

Since that fatal November 1st, much has happened in Connecticut. For one thing, state agencies have beefed up their own security systems so that professionals are safer. (The media were more interested in the implications of my worker getting shot than that a child was killed.) An ad hoc coalition of relatives of at-risk children and professionals formed and identified a number of problems in the system:

Sanctity of the parent/child relationship takes precedence over considerations of safety or emotional well being of child (biological bias of the system); presumption that child's best interest is to maintain relationship with biological parent, no matter what. The burden of proof is on the custodial parent to prove otherwise. Emphasis on family reunification has basis in federal-level legislation.

Lack of or inadequate representation of children in these cases. Particular legal vulnerability of children 6 and younger. Lack of consistency between courts in standard of representation for children.

Lack of adequate safeguards in visitation arrangements when history of abuse, violence or extreme conflict between parents. Need for a safe house.

Lack of requirement that highly conflicted parents undergo educational process to learn the effects of conflict on children and peaceful methods of co-parenting.

Supervised visitation arrangements lend themselves to several problems: no resolution of abuse concerns, usually lead to unsupervised contact, neutral supervisors who can be counted on to have the child@s best interest the priority are hard to find, child has no say, may be expected to be able to protect self. Vague statutes regarding visitation.

Confidentiality rules prohibit quick exchange of information between agencies even when a child@s safety is at stake. Non-custodial parents have equal access to information about the child, even when deemed not in child@s best interest. Offenders are sometimes inappropriately protected by current confidentiality laws.

Lack of consequences for violators of court orders.

"Weak" judges pass the buck rather than make a decision, or they insist on compromise, ignoring abuse allegations.

Custodial parent may not be supported in advocacy/protective role; may be coerced into being cooperative for the sake of disposing of the case. Finances are often an issue in a parent's ability to press a case.

Unless there has been arrest and prosecution, allegations of sex abuse may be discounted in the resolution of a visitation dispute. Prosecutions of offenders against children 6 and younger are rare in this part of the state.

Other encouraging events in Connecticut this year include a major conference focusing on family court issues I organized in February, keynoted by Judge Charles Gill, entitled "Children: Are they People or Property?" Petitions seeking support for children's legal advocacy sprang up from the community. I present Senator Dodd with one today. Public hearings were offered by the Select Committee on Children, a new undertaking by the state legislature, resulting in the formation of study groups, one of which is considering amending the state constitution to establish children's rights. Legislation was passed requiring divorcing parents to take a course on mitigating the negative effects on children. The Department of Children and Families (DCF) is considering a more active role in investigating abuse allegations when there is a family matter pending in another court.

We are issuing an invitation to Senator Dodd to keynote a public forum with Commissioner Solnit to move along our thinking about the "best interest of the child" standards as it applies in family violence and contested custody and visitation disputes.

Following the conference, six months of planning led to the opening of the Children's Law Center on September 29. We have only a little seed money to get started. Almost everything, including the office, is donated. Our mission is to meet the need of vulnerable children for high quality, committed legal representation through an attorney/case worker team approach. To begin with, cases will be limited to contested custody and visitation disputes where there are questions of child abuse. Five attorneys have agreed to provide pro bono representation as either counsel or guardian ad litem; Other attorneys will accept referrals, or provide back-up legal research. Additional anticipated services of the Law Center are training, information and referral, and a law library.

The clinical consultant's job is to assess the child's developmental status, gather background information and develop a plan for the case based on the child's needs and individual situation. Too often, lawyers must rely on prevailing practice or gut feelings to inform their decisions and they are enthusiastic about having a social worker to help. This forensic approach will create a voice not only for the child but also for a valid clinical perspective in court. Even when all the professionals agree, including child protective services, as to what should happen for a child, this outcome can be evaded or avoided on legal grounds. Clinical consensus can be ignored when there is no one to speak up for the child.

HOW WILL THIS HELP?

1. Allow a way for the child's desires and needs to be taken and needs to be taken into account in case process and outcome. Individual children will be helped by having a voice in court proceedings before it's too late. There are many questions at various stages of a case that a child's attorney should be involved in answering, keeping in mind that the case may go on for years. (One child I spoke with has been going to court repeatedly for eight years, 18 times this year alone. Finally, he was permitted for the first time, at age 14, to speak to the judge to tell him that he does not want to visit with his father who he remembers assaulting his mother and of whom he is afraid because of rapid mood swings. The visits were ordered continued anyway.) Examples of questions a child's lawyer should be in on include: Should a child be subjected to a medical exam? A lie detector test? More interviews? Repeated evaluations? Contact with a parent when there are allegations of abuse? Testifying? Most of these an adult can withstand by choice. A child cannot. There is a presumption that the custodial parent can and should coerce a child to do whatever the court orders. 2. Improve the quality of representation for children. Most who know the system agree that the quality of representation for children generally falls well short of the "zealous advocacy" standard demanded by the ABA report mentioned above. Commonly mentioned problems include lack of training and experience with children or knowledge of child development, a fee schedule that does not even cover expenses, if they get paid anything at all, and unwillingness to do independent assessment. They may not even meet with their client. As one lawyer put it, he didn't want to compromise his objectivity by seeing the child. Lawyers working with the Children's Law Center will be required to be trained in both legal and clinical matters; in addition, they will have access to resources and other committed attorneys for consultation.

3. Initiating action on a child's behalf—the new frontier of juvenile and family case law. The jury is still out on the question of whether children have, or will gain a right to have standing in court for the purpose of bringing motions in their own behalf. Gregory K. had it and then it was taken away by the appeals court which said that the decision could stand because he had adults with him in his action to have his mother's rights terminated. Children's legal advocacy centers are uniquely positioned to help develop case law that will provide the building blocks for new legal architecture recognizing the threshold right of all citizens to approach the court. No one is seeking to give children as much power as adults. It is putting into action a Connecticut judge's statement last year that "a child has a constitutional right to safety." As things stand, children are less protected constitutionally than are inmates or corporations which are regarded as persons.

SUPERVISED VISITATION

As the developer and director of a failed supervised visitation program, I wish to make some comments on the problems inherent in supervised visitation and the proposed Child Safety Act. The Well stone proposal to establish 100 supervised visitation centers across the country is appealing in that it takes on a problem that has not been well addressed at the federal level. Its strengths are that it builds in a high level of clinical expertise, suggests that there would be a mechanism for excluding offending parents who had not met rehabilitation criteria, and limits applications to states which require courts to consider evidence of violence in custody decisions. It is not clear how the centers would improve certain other problems, the most basic of which is continuing a system in which a child has no choice. A child should not be forced to spend time with someone who terrifies him or her, or who brings up past terror. We don't expect adults to be nice to assailants, women are not expected to reestablish relationship with men who beat them up or rape them, but children are forced to visit with anyone who lays biological claim to them.

I can only think of one instance in all the cases I've been involved with in which a father was denied visitation until such time as he could get a psychiatrist to testify to his fitness. It was not the sexual abuse of the children, though, that allowed the judge to make that decision--it was father's arrest for hitting a female friend while the visitation issue was pending that convinced the judge he wasn't safe.

As long as the law dictates that adults' rights take precedence over children's wishes or emotional and physical safeguarding, a supervision center faces the same dilemma that exists now--how to carry out the courts' mandates without compromising the child. If the center sets conditions as to which cases it takes, what happens to the ones they refuse, probably the messiest and most stressful? Other problems exist as well: (1) risk of abduction or violence when working with obsessive, delusional, enraged or desperate parents; (2) the difficulty of curtailing the subtler parental behaviors which continue the conscription of the child in the ongoing unresolved adult war; (3) the difficulty protecting children when there are abuse allegations but without the level of proof required for successful prosecution in criminal court. Supervised visitation is not looked at as a long-term arrangement, just a stage on the way to regular visitation. Centers can't address the long-term issues in the family. One solution is to mandate the involvement of multi-disciplinary investigative teams in all family cases with abuse allegations to report to the court their findings to guide the court's recommendations. This would be far superior to the present system of relying on solo mental health practitioners to do evaluations and make recommendations.

RECOMMENDATION

Preferable to the supervised visitation model of the Child Safety Act, in my opinion, is the Family Peace Center model in existence in Hawaii since 1984. Formerly known as the Family Violence Program, it provides a comprehensive range of services to men, women and children who are perpetrators or victims of abusive relationships. It helps with restraining orders, provides mediation and pre-mediation counseling in domestic violence cases, court mandated counseling, groups for batterers, battered women, and a very popular group for children who have witnessed domestic violence. They believe that the children's group has tremendous potential for stopping the cycle of violence by helping children to heal its effect and to learn non-violence skills and values. Supervision of court-ordered visitation as described in the Wellstone bill could easily be included, but would be part of a much broader intervention plan. The goal should be to maintain family relationships at the maximal level possible without compromising the safety or emotional health of the child.

HAWAII FAMILY COURT, FIRST CIRCUIT

VITAL STATISTICS

Contact:	Hon. Frances Wong, *Senior Judge* Kenneth Ling, *Director* Hon. Michael A. Town, *District Family Court Judge* 777 Punch Bowl Street Honolulu, Hawaii 96813 (808) 548-6369
Founded:	1965 by Statute HRS Chapter 571
Courts:	Family Court of the First Circuit
Population:	Approximately 900,000. Ethnic breakdown is 31% Mixed (Hawaiian); 23% Caucasian; 23% Japanese; 31% Other.
Budget:	$15.8 million for all court operations and related services in FY 1991-92. Court funding for family violence services, which are provided under contract to the court, totals $1,075,000.

In November, 1986, when the Family Abuse Statute became law, there were 200 arrests for "abuse of family or household members." In 1991 there were 3,368 arrests for the same offense.

Program Description

The Family Court of Hawaii was created by the Legislature through the Family Court Act of 1965. The intent of this Act was the integration of state jurisdictions and programs dealing with children and families into one specialized court. The Family Court replaced the Juvenile Court and Domestic Relations Court, and acquired jurisdiction over marital actions, adoptions, paternity actions, adult criminal cases occurring among family members, involuntary commitment actions, and juvenile delinquency and dependency cases.

The purpose of the Family Court is to place all judicial functions which deal with the family into one comprehensive program. This Family Court has the rights, powers and duties of a trial court and adjudicates cases, resolves disputes, enforces the law, and dispenses justice. However, this court is constituted to investigate and respond to the underlying causes of family distress, disruption and crime, and provides a means for helping families involved in such difficulties. The Family Court is a combination of organizational structures (judicial and programmatic), formal and informal processes, and legal and social service approaches. Concerning family violence cases, the Family Court handles the following matters, among others: marital actions, arraignments, plea hearings, order to show cause hearings, non jury trials, jury trials (adult criminal, including violations of criminal statutes involving abuse of a spouse, child or household member), sentencing, dispositions, review proceedings, temporary and permanent restraining order hearings, and support enforcement hearings. The Family Court of Hawaii utilizes uniform forms for protection orders and other actions, and has established a statewide protection order registry.

The Family Court's role is to maintain continuing liaison and coordination with agencies and others who deal with matters within the purview of the Family Court system in order to provide for effective administration of justice and to assist the public in understanding the Family Court, its responsibilities, functions, and the services it provides.

The Honolulu Family Court's approach to family violence cases is aggressive and comprehensive. A Special Division was created specifically for the domestic violence calendar. Currently, that calendar runs all day five days a week with a second courtroom being used periodically. The Special Division hears all aspects of domestic violence including felony, misdemeanor and civil protective orders. Enforcement of court orders is handled by the Criminal Misdemeanor Probation Unit of Family Court Adult Services Branch. Treatment services are provided to victims and defendants through community agencies under contract with the court.

Staffing and Volunteers

The Honolulu Family Court is served by nine full time judges, 12 per diem judges, plus the necessary complement of staff and attorneys.

The Adult Services Branch has an authorized

staffing level of 39 full time employees. Two of the Units in this branch deal primarily with the family violence cases: the Temporary Restraining Order Unit and the Adult Criminal Misdemeanor Unit. These two units account for about half of the staff in the division.

Treatment services for victims and offenders are provided by private non profit organizations under contract with the Judiciary. The primary service organizations are described in the Special Features section. For the most part, volunteers are not utilized by the court to assist with family violence cases.

Case Statistics

Arrests for Family Abuse

The Family Abuse Statute became law in November of 1986. In that year, there were 200 arrests for "abuse of family or household members". In 1991 there were 3,368 arrests for the same offense. Trial statistics for misdemeanor family abuse for 1990 indicate over 2,700 cases set for trial. Nine hundred seventeen cases were dismissed without prejudice; 770 were "complaining witness no show"; 506 pled or were found guilty; bench warrants were issued for 200 defendants and 24 complaining witnesses.

Restraining Orders

In FY 90-91, there were 1,351 applications for *Ex Parte* Temporary Restraining Orders. Of these, 909 applications were granted, 21 were denied and 424 were withdrawn. New procedures have streamlined the process, which used to take three days, into only a few hours. This should lead to a decrease in the number of withdrawals. In the same year 2,029 Domestic Abuse hearings were held. Nine hundred thirty of these were for the temporary orders mentioned above, and 1,099 were Order to Show Cause hearings for permanent restraining orders.

Case Processing

Criminal

The Family Court's jurisdiction covers anyone presently residing together or formerly residing together. Bail set in family abuse cases is similar to the bail set for a comparable assault. Defendants who cannot post bail are transported to the court the next day the court is open. Those who are unable to post bail must have a trial or a probable cause hearing within 48 hours or be released to appear to post bail within 7 days. A defendant charged with a misdemeanor cannot be held in custody longer than 48 hours after the first court appearance without a trial. However, where probable cause can be established from a sworn complaint, affidavit or by testimony, the defendant may be held in custody.

Arraignments are set within 7 days after arrest, and trial is about 30 to 40 days after arraignment. Public Defenders represent all defendants at arraignment. A separate room for complaining witnesses is provided. If a complaining witness does not appear, the case is either continued or dismissed without prejudice. At arraignment there is referral to Child Protective Services by some judges in those cases where children reside with family members and might be exposed to violence. The system handles approximately 200 to 250 arraignments per month and a like number of trial and/or pleas per month. Defendants are arraigned en masse and trial dates are provided immediately. Sentencing is imposed immediately following a trial which has resulted in a conviction with incarceration at once.

Defendant's are warned that a subsequent arrest will result in revocation or increased bail, or both. On request and a showing by prosecutor, no contact orders with the alleged victim or family member may be entered by the court, although this seems to be rarely requested.

The Criminal Misdemeanor Probation Unit supervises all persons convicted of abuse. Probation officers assist with sentencing and other services, and monitor compliance with court orders. The court is required by law to order batterers' treatment for convicted abusers. Probation officers make appropriate referrals, and the defendant must contact the agency within one week. Batterers' groups typically provide 24 weekly sessions. Fees are charged on a sliding scale. It is incumbent upon the batterer to provide proof of compliance with the court order. In this Unit, seven professional probation officers monitor about 1,000 active cases.

SENTENCING GUIDELINES

Sentencing guidelines in abuse of family and household member cases are employed by the court, adjusting the mandatory minimum sentence of 48 hours in jail when various factors are present such as:

INCREASE IN SENTENCE:

- Where minor children witnessed the abuse.
- Where the victim is mentally or physically handicapped, pregnant, elderly or under 14 years of age.
- Where defendant used or brandished a weapon.
- Where the victim was hospitalized two or more days.
- Where the victim needed emergency medical treatment.
- Where the defendant committed a sexual assault.
- Where the defendant threatened victim or minor children with death or serious bodily injury.
- Where the defendant failed to tell the truth in court.

DECREASE IN SENTENCE:

- Where the defendant enrolled in and attended appropriate counseling or treatment programs.

Civil

Applications for Temporary Restraining Orders are taken daily by social workers in the TRO Unit of the Family Court Adult Services Division. The petitioner calls for an appointment at the Adult Services Branch. Intake is scheduled daily. The petitioner must arrive at the Adult Services Branch no later than 8:30 a.m. Those without appointments can be assisted if they arrive on time. An Adult Services Branch social worker assists the petitioner in completing the petition. The petition is then delivered to a designated judge between 9:00 a.m. and 11:00 a.m. that day. The petition is either granted or denied by the judge. If the order is granted, an Order to Show Cause hearing is scheduled within 15 days. If notice cannot be served on the respondent, the temporary protective order will expire within 30 days after issuance. At the time of the OSC hearing, if the respondent appears, a protective order can be issued up to a maximum of three years. Thirty to fifty applications are completed each week. The Unit is staffed by six professional social workers and a supervisor. Violations of protection orders are considered contempt of court. The court has developed standardized forms containing checklists of the provisions and relief available. Orders are served upon the respondent by the police department.

At the return hearing, both parties must be present. If the respondent wishes, he or she may hire an attorney, but the court will not provide one. The petitioner may have the assistance of an advocate. Each party may present testimony and may be examined by counsel. For those respondents served and not present, the temporary petition is continued and a bench warrant issued. The respondent must be present to be ordered into counseling. If the petitioner is not present, the petition will usually be dismissed. It is up to the parties, the service providers or the court officers to bring non compliance with the order to the court's attention. Proof of compliance hearings are scheduled approximately nine months after sentencing. Consequences of not following an order include up to one year incarceration for conviction of contempt.

Funding

Family Court Services are funded by the state. Budget requests are submitted by the Judicial Branch to the State Legislature. Fortunately for the community, the State Legislature has been particularly responsive to the requests of the Judiciary for financing by providing the necessary funding for the Family Court and support services, especially for family violence.

The total annual budget for the Honolulu Family Court, including judges, clerks, attorneys, bailiffs and other staff; the Adult Services Branch; and a myriad of services contracted out in the community is $15.8 million. Contracts from the Judiciary to four private non-profit agencies for the provision of services to victims and defendants in family violence cases total $1,075,000. Of this, $888,000 comes from the funds allocated to the Family Court by the legislature, and $187,000 is federal grant funds from the Bureau of Justice Assistance.

A strong, effective, and concerned judiciary has been responsible, at least in part, for strong, effective statewide legislation concerning abuse of family and household members.

Special Features

- A strong effective, and concerned judiciary has been responsible, at least in part, for strong, effective statewide legislation concerning abuse of family and household members. Highlights of this legislation and current court policies include: mandatory arrest, 24-hour hold period, no drop prosecution policy, mandatory minimum 48-hour jail sentence, and mandatory participation in court-ordered counseling. The Family Court maintains a solid, consistent liaison with the Legislature.
- The Family Peace Center is a non-profit organization which has been in existence since 1984 under the umbrella of the Waikiki Community Center. It was formerly known as the Family Violence Program. The Family Peace Center provides services to men, women and children who are perpetrators or victims of abusive relationships. The Center also assists individuals who are seeking restraining orders. The Center provides mediation and pre-mediation counseling in domestic violence cases.

The Family Peace Center provides counselors for court mandated counseling, as well as community referrals. It is also the leader in specialized training in domestic violence awareness on the Island of Oahu. The Center also provides training to the Honolulu Police Department and

the community. The batterers' group known as Komo Mai provides group counseling on a weekly basis for a six month period. Eleven groups of 15 to 25 men meet each week. The program goals are to reduce or eliminate violence in group members' relationships with women; to help men accept total responsibility for their violent responses; and to educate group members as to how and why violence arises in relationships, and how to control and change their violent responses; and to use the group process to facilitate individual and group goals. There are approximately 300 men in the program.

The battered womens' group counseling is known as the Malohia 'O Wahine, and there are approximately 250 women in this program. Women in this program learn to take steps to ensure their safety; to understand the nature and causes of physical, sexual and psychological abuse; to use community resources in getting safe, finding employment, obtaining child care, securing financial support and meeting other needs; to use new skills in assertive communication, parenting, and conflict resolutions; and to respect and take care of themselves.

The Family Peace Center also conducts a program for children who have witnessed domestic violence. This program is new and initially limited the number of children to be served to 75 children. However, the community response to this program has been overwhelming and additional funds are necessary to provide increased services. This program has tremendous potential for stopping the cycle of violence by helping children to heal its effect and to learn non-violence skills and values. The curriculum being used for the childrens' counseling and education groups draws from the Family Peace Center's *Peace Begins With Me* curriculum, as well as other existing curriculums for children from violent homes, such as the *Children's Domestic Abuse Program Manual* developed by the Wilder Community Assistance Program in St. Paul, Minnesota. Groups are divided into the following age categories: 3 to 5, 6 to 8, 9 to 12; and adolescent groups which are also divided by gender. The adolescent groups address violence which the teenagers are currently involved in, such as dating violence, as well as the violence they have witnessed. Groups meet once a week for 1 to 1 1/2 hours for a 16 week program. The childrens' program is funded by the Judiciary at the cost of $100,000.

The total budget for the Family Peace Center is $600,600. Of this amount the Family Court provides two contracts for services; $363,212 for victim and batterers treatment and $100,000 for the development of the childrens' program.

• Domestic Violence Clearinghouse and Legal Hotline, under contract with the Family Court, provides legal information in response to calls from battered women, perpetrators of violence involved in the criminal justice system proceedings, social service providers, attorneys not skilled in domestic abuse, and private practitioners whose clients need information about legal alternatives. The Hotline also informs callers about the dynamics of domestic

abuse, its effect on children, safety plans, referrals to other community resources, and provides other assistance to callers. The Hotline originally was a project of the Hawaii Women' Lawyers Association and initially operated with volunteer lawyers and legal assistants. It has now grown to a service with a full time director, providing full-time service and legal assistance. The Hotline provides multilingual services and has developed cohesive community assistance to abused women. It assists victims through the restraining order process and further gives victim/witness assistance. The service has prepared a pamphlet for wide range distribution to various agencies, including the police department, to further advise and inform victims of domestic violence of their service. The Domestic Violence Clearinghouse and Legal Hotline has also prepared a primary aggressor checklist for police to utilize in determining the proper party to arrest in domestic violence situations. The annual budget for the Clearinghouse and Hotline is $320,875 which comes from state and federal tax dollars and IOLTA accounts.

• Child and Family Service is a non-profit, non-sectarian Aloha United Way Agency. This agency provides a multi-social service delivery system throughout the Island of Oahu, meeting the needs of people from all ethnicities, ages, sex, and sexual preferences, religions, socio-economic circumstances, and family conditions. The Service has established the Developing Options to Violence (DOV) Program which provides learning opportunities that recognize the self-worth of each participant; provides new information and skills; confronts illegal and dysfunctional behavior; and structures rewards and consequences for positive and negative behaviors. The service provides batterer's groups called Mens' Anger Control Groups. Each group consists of 15 to 20 batterers and two co-facilitators. No new members are added to the group after the first session. Groups last for 22 sessions. There are usually seven groups meeting in any given week. Two unexcused absences are considered to be non-compliance and will result in a report to the Family Court. The groups focus on ending threats and violent behavior, increasing the respon-

sibility of the perpetrator for his violent behavior and acquiring new skills, as well as creating and practicing individual violence diversion plans. Victims are contacted at least twice during the program to inform them about the group and inquire about current behavior and violations.

In addition to the group counseling service, the mens' group leader makes contact with respondents at the weekly order to show cause hearings to acquaint batterers with the service, minimize resistance to participation and increase cooperation with the terms of the protective order. Group services are also provided to spouse abuse victims referred by the family court and self referrals. There are four groups of 15 to 18 participants for 15-week periods. The group provides a supportive atmosphere where women can explore their feelings and build trust and self-esterm. Information and exercises focus on the victims' rights for a nonviolent relationship, court and legal information, family violence dynamics, safety plans, parenting, stress reduction, time and budget management, and substance abuse education. In addition to this counseling, the women's group leader provides legal, financial, housing, and social services advocacy to victims and provides court accompaniment as needed. Funding in the amount of $290,500 is provided by the Judiciary for the Child and Family Service Agency to provide services to victims and perpetrators of family violence.

Issues, Advice and Concerns

The entire Family Court structure works extremely well in this community because of outstanding legislative support with a financial commitment to the program, and the professional commitment of the Judiciary. The geography of Hawaii and the individual Islands lends itself well to the Family Court concept.

The Family Court Judiciary is exceptionally responsive to concerns about the handling of family violence cases. For example, during the site visit, evaluators noted that the time period and process to obtain a temporary restraining order seemed too long and burdensome for the victim. Shortly after the visit, the entire TRO procedure went through comprehensive review. The new procedure has shortened the process from four days and two court visits to three to four hours and one court visit.

Also during the site visit, a multiple murder occurred involving several members of a family which was well known to the court. The judiciary was as responsive as possible to the media during the extensive reporting of the tragedy. After a fatality, an informal in-house fatality review may be conducted.

Unlike most Family Courts around the nation, or Family Divisions of General Trial Courts, the Hawaii Family Court has felony and misdemeanor criminal jurisdiction over adults as well as jurisdiction over all family-related civil matters. This allows a far more comprehensive and serious response to family violence than is possible in any other court which hears exclusively civil or criminal matters. It also allows for more complete information sharing and coordination of responses to families with multiple problems.

The responsiveness of the judiciary is due in part to its extraordinary representativeness of the various ethnic interests in Honolulu. Of ten judges, six are male, four are female. Four of the judges are Caucasian, one is Hawaiian, two are Japanese, three are Chinese. This mix is also reflective of the progressive thinking on the part of those who select judges and reflects the community. There is very little turnover, with the current group of judges in Honolulu having been on the Family Court bench an average of ten years.

The place in the system where victims seem most vulnerable to additional violence is the period between arrest and trial. Yet, restraining orders are not issued at arraignment because victims are not contacted by anyone prior to the hearing. Some weeks later, only 20 to 30% of victims respond to a phone call or letter from the victim assistance unit in the prosecutors office. It is not uncommon for the victim to have no official contact with anyone before the trial date. In other jurisdictions, it would be routine for an advocate, a coalition volunteer, or victim services staff to contact the victim immediately after the arrest or the following morning to provide support and assistance.

One problem encountered by staff at the Family Peace Center is the time it takes to obtain orders to show cause. This process takes more time than if the order is sought by private attorneys. Also, temporary restraining orders do not carry stiff penalties and violations are not a high priority.

Unlike most Family Courts around the nation, or Family Divisions of General Trial Courts, the Hawaii Family Court has felony and misdemeanor criminal jurisdiction over adults as well as jurisdiction over all family related civil matters.

Senator DODD. I am going to include in the record a very good editorial of the other day, "A Voice for Abused Children," which references the efforts of The Children's Law Center and specifically your work, Judith.

[The editorial referred to follows:]

[FROM THE HARTFORD CURRENT, OCTOBER 23, 1993]

A VOICE FOR ABUSED CHILDREN

Children at the center of custody and visitation disputes often have no say in the outcome, even though it affects them for the rest of their lives. Those among them who are victims of abuse and neglect may be better served now that they can turn to the Children's Law Center, which opened last month in downtown Willimantic. The center is staffed by volunteer lawyers and social workers who will ensure that children get direct representation in court.

Believed to be the first of its kind in Connecticut, the center fulfills a dream of Judith Hyde, a social workers and director of the Child Protection Agency of Northeastern Connecticut. It grew out of her belief, nurtured by experience and shared by others in the profession, that courts do not adequately protect children.

The center's promise lies in its ability to prevent children from being assigned to live with or visit a parent who may be unsuitable, and may even pose a safety risk.

Lawyers at the center will provide free or low-cost services to bridge what they rightly perceive to be an unacceptable gap in the system. Their concern is shared by two credible experts, Charles D. Gill of the center's advisory board and Frederica S. Brenneman, who serves on its board of directors. Both are Superior court judges who have heard many child-abuse cases. The judges also cite the need for better training for lawyers who represent children, which the center will provide.

Family courts should view the center as a welcome resource to which they can refer young clients. Evidently, the need for such advocacy is more than a dream. The center had accepted six cases within two days of opening.

While the courts are occupied with weighing the conflicting interests of the adults, the center's advocates can focus their attention on an objective assessment of what's best for the child.

Senator DODD. I wanted to mention as well that in this morning's Washington Post—and they probably should have carried this in another section; this is not necessarily where it belongs, in sort of the gossipy section of the Post—there is a piece about a colleague of ours, Representative Dan Burton of Indiana, who talked on the floor yesterday as part of the October National Domestic Violence Awareness Month. He said, and I quote: "When I was about 5 years old, I had a brother and a sister who were both very small like myself, and I can remember my father attacking my mother and beating on her in the middle of the night. It is a terrible thing for a child to wake up at one o'clock in the morning, hearing that kind of screaming, and your mother throwing a lamp through the window, trying to get the attention of a neighbor so the police will come. If there is anything we ought to be concerned with, it is this kind of domestic violence, because it has a tremendous impact on young people for the rest of their lives."

Dan Burton is a Republican Congressman from Indiana, and it took a lot of courage for him to tell that story, and I think it should have been in another section of the newspaper, with all due respect to the style section. We appreciate immensely his courage.

Let me just ask you a couple of questions if I can. Some, I may submit to you in writing. I mentioned in my opening comments, Ms. Jones, the fear that has been expressed to me by many women—and "fear" may not be the right word—the desire to keep families together. There is such a strong impulse to keep a family together, to be together, because obviously, there are periods of joy,

but then there are these tremendous periods of violence. And you keep on hoping that the joy will take over, and the happy moments will become the more dominant feature. So that trying to keep that family together is an extremely strong impulse in most women that I have spoken to.

How much of that played a role in your own situation before you made the decision that you had to take other steps? Was that a major concern for you? Did you think about that a lot, or did it cause you in several instances before that to decide not to take the steps you ultimately did?

Ms. JONES. Well, it really took a lot of planning and a lot of praying. I really had nobody to go to, so I would go to the Catholic church and talk to the priest. I had known him since we were children together, so I felt like I knew him, but there was a change in him that I really could not relate to. And then, when I saw that it was affecting the children to the point where they were sitting around threatening to kill him, and saying, "Mom, I think you need to make a change," I finally realized that after I found myself so emotionally distraught, and fears came back from when I was a child and how I was being treated—one time, I found myself standing on a bridge, talking about jumping off, because I was so emotionally upset about what was going on in my house, and I could not share it with anyone.

So I knew immediately that I had to reach out and get help from someone, and that was the domestic violence courts and the commissioner. I felt like I was doing the right thing even though I realized that once I left, I could not come back, and I had to give up everything. So I just took it upon myself to go ahead and do the right thing because I did not want that blood on my children's hands or on mine. What kind of mother would I have been to just say in a relationship like that, knowing it was becoming emotional to us? So I decided to just give up everything and leave.

Senator DODD. Ms. Orsini, in the casework you do, how often do you run into that compelling desire to keep the family together as opposed to that sort of denial?

Ms. ORSINI. It is there. It is there very strongly. When women come to the shelter, they are in their ultimate crisis. But before that, they may have been in this arrangement, marriage or otherwise, for several years, and there are so many things that play a part in that—the cultural values, religious values. It is important that our culture is one that says you keep the family together. The religious values are also the same. And this is where we need to work with the different sectors of our community, specifically the religious community and the education community.

It is important, yes, to keep family together, but not at the risk of someone's life. So that is why we need the different resources within our communities.

I see this a lot, and you used the correct word in the beginning—it is fear, fear of economic loss, fear of family loss, fear of the children being killed, or other family members being killed. There are many reasons that go into that.

Senator DODD. Ms. Friday, I am particularly interested in the mental health services program, and my colleague from Minnesota is also very interested in that as well as is Sheila Wellstone. How

did you get the mental health professionals interested in the program, and what kind of documentation of the children's problems did you have to provide to convince them that this project was needed?

Ms. FRIDAY. Actually, a project something like this started in Denver. That is the only other place in the country we have heard of it existing. But it started on a good impulse, but not really good research. Professionals decided they would give counseling to women in shelters, and they had not really consulted with the shelters. What they learned was that the even more pressing need was children. So then it was the National Association of Social Workers who started it and then came to us and asked if we would take it over. By then, they had learned from Denver, work with the people you are going to be working with. And we were a test site to see how it would work.

We do not have to document anything. Our staff screen the children if it is obvious, or the mothers say their children need help, and that is enough. Because they are freed of regular constraints, they can act then as therapists for children, although they are all licensed, and they all have malpractice insurance. It works beautifully.

Senator DODD. I am glad to hear that. A similar question is the relationship that you have built with children's protective services, CPS. Again, there is an historically different perspective here, while obviously a common interest, but a different perspective, which is a subtlety that I presume most people in the room can appreciate.

I was deeply impressed with your ability to get people to work together in this. Would you share with us briefly how that occurred?

Ms. FRIDAY. Every time I would initiate a meeting with the previous director or the current director, we would talk about that we really did not have a big difference because they would constitute "family" as if it is a grandmother and children, but nevertheless there are big differences. What I did not mention is that quite recently, there are five agencies, including children and youth services, that are victim-serving agencies in the city and the country who are going to begin planning, and child protective services is going to fund, when we ask, a plan for how we can work more and more closely together. First, it starts as a planning grant to develop and search the country to see if there are any other models where it is further ahead. I do not think there are, which is kind of astounding.

All the private agencies—and the others are private—like the rape crisis center, and the center for victims of violent crime, are totally willing to go into this, but we have to push child protective services. When we push, they say yes, okay.

Senator DODD. Finally, Ms. Hyde, I want to commend you for what you are doing. On the legal side—and it has been a long time since I have practiced any law up in eastern Connecticut—but I am curious as to how sensitive our judicial system is. I guess I am talking about Connecticut in this case, but I suspect that this is probably a question that could be applied across the country. During separation or divorce proceedings, how much time is dedicated

to these parents learning about what their responsibilities are going to be—the custodial parent's responsibilities, the noncustodial parent's responsibilities?

I have been struck occasionally when I have tried to inquire more about this, particularly in the area of custody—we have been trying to do a lot of work on custody, because we have a major gap here in terms of responsibility. But everything else seems to get disposed of—what happens to the car and the house and the furniture and the rugs and so on—and the children seem to get left in this limbo kind of category. And I am not convinced that there is a lot of work or prevention—I mean, there is talk about required waiting periods before matrimony, and counseling and so forth. Could there be more of an effort made here, given the very nature of a separation and a divorce, where the level of hostility may be at its most intense in some ways? What can we do at that critical moment to try to deal with those children's interests—putting aside the obvious case of the abuser, where you have had legal proceedings against them. But there is another area out here where we have someone who is not necessarily an abuser, but is very hostile—in fact, both partners are hostile. All of a sudden, there is the conversation about that parent, when the children are with the custodial parent or with the noncustodial parent, about the other parent, and how the children face the question of are you my ally, or his ally, or her ally.

I am wondering if we are doing enough during that period of time to start to sensitize parents about what the heck they are doing to their children in that process.

Ms. HYDE. That is probably why we have a new bill in Connecticut now that mandates parent education for most divorcing parents.

Senator DODD. Yes, that is what I wanted you to mention.

Ms. HYDE. That is a piece of what is needed. But I think that that is not going to work for domestic violence situations particularly.

Senator DODD. Well, perhaps in preventing it—I mean, 75 percent of our cases are abusing after separation. I am a great believer in prevention and trying to stop this before it happens, rather than apprehending someone. It seems to me that if you can begin to deal with some of that, you might be able to deal with some of this problem.

Ms. HYDE. It would deal with some of it. But we cannot ignore the fact that some of the customers we are dealing with are really very, very poorly put together psychologically, and they are not going to respond well to things that may work for a number of people. We need alternative kinds of ways of dealing with the most disturbed people.

So I think what is missing is a way of assessing what each situation entails and what might work for it. The reason I like the Hawaii model is that it seems to provide a way of making that kind of assessment of what is needed in each individual situation and then having a program to provide for the wide range of types of people who are involved, from people who maybe can just profit from some postseparation counseling, some mediation, some information about conflict resolution, with maybe a group thrown in for

the children, to the far end, where you need the most restrictive and authoritative restraining kinds of court-backed mandates to keep parents calm and cool.

Senator DODD. Thank you very much.

Senator Wellstone.

Senator WELLSTONE. Thank you, Mr. Chairman.

I have just two quick questions. First of all, Ms. Jones, Sheila and I last night attended the 15th anniversary of My Sister's Place. Could you describe what you think is most important about My Sister's Place?

Ms. JONES. To me, the most important thing is dealing with the women and the children, but the special joy is working with the kids. Most of the babies who come through there need love and support and consoling. They have fears, and I try to give as much as I possibly can to try to help them through their crisis as well as helping their mothers.

Senator WELLSTONE. I am going to submit some questions to all of you. I have one question for Ms. Hyde that I am trying to understand a little better. I loved what you had to say about The Children's Law Center, and I think you have just done pioneering work.

Who makes the determination of what is best for the child? Part of what you are talking about is that determination. What are the criteria? Some of the examples you gave—to a layperson like myself, it just makes no sense that children could be put in this position. Could you just—and you do not have a lot of time, but could you just take me through that process briefly?

Ms. HYDE. Well, the question I would ask is who should make that determination, not who does.

Senator WELLSTONE. Fine. Substitute your question. It is a more important one.

Ms. HYDE. And I do not know that we really know for sure what the answer to that question is, but I think where we are up to is figuring that it is better if we have a mental health person working together with a lawyer to try to answer that question so that the lawyer can go into court saying with some confidence that this is what we think is in the child's best interest.

Often, whatever the clinical wisdom seems to be about what is in a child's best interest can easily get brushed aside with court shenanigans, so it never really gets strongly registered in any of the court decisionmaking. So our hope is that by having a caseworker-lawyer model, we will at least improve on the likelihood that we are representing the child's best interests.

Senator WELLSTONE. Thank you. I thank all of you.

Thank you, Mr. Chairman.

Senator DODD. Thank you all very, very much.

There may be some additional written questions for you, but in the meantime we thank you immensely for your presence here today. And I will get back to you on your request, Ms. Hyde. It was a novel way of extending an invitation.

Ms. HYDE. Thank you.

Senator DODD. I am very pleased to introduce our second panel this morning. Our first witness is no stranger at all to any of us on this panel, least of all to the individual to my right, as well as

to others in the room who have been involved in these issues. Sheila Wellstone has been a true champion for the victims of domestic violence. Since she has come to Washington, she has worked diligently toward legislation involving the lives of women and children affected by domestic violence. And with all due respect to my colleague on my right, she has been the driving force, and I think I will get an "Amen" from my colleague on that as well.

In addition, she has also instigated an art exhibit, which we have referenced here this morning, and I would invite all of you in the room today, before you leave to visit it—it is a very short walk from this building to the Russell Rotunda; it is the second floor of the Russell Building as it faces toward the Capitol. In that rotunda is the art exhibit that opened this week, which brings us face-to-face with the victims of domestic violence.

So Sheila, thank you immensely for all that you have done and all that I know you will be doing as well. This is not the end of a process here at all, but it is very much, as we saw yesterday with the health care effort, the beginning of a process, and we commend you for it.

I am going to ask my colleague in a moment to express any thoughts he might have in introducing these witnesses.

Kim Cardelli is a domestic violence survivor, and we thank you for being here, Kim. We had a chance to chat very briefly the other night. Kim took her experience as a victim and knew what was needed to change the existing system of child visitation, and she began a campaign to develop a visitation center. And not only was she the driving force behind the center's development, but she is now its executive director. Kim, we thank you for being with the committee this morning.

Joni Colsrud is also a survivor. She lost custody of her children to her ex-husband, and then during the process to regain custody, her ex-husband became abusive. She had particular problems going to his residence and faced a very violent situation, which I am going to let her explain during her testimony rather than having me share it with the committee this morning.

And finally, Judge Mary Louise Klas, I want to thank you for coming today. Judge Klas has spent many years focusing on family law, and her experience as a jurist brings another important dimension to our panel today. She will speak to what affects the courts' decision on children and violent crimes and what she sees as solutions. And Senator Wellstone's last question would be appropriately addressed to her as well, and I am sure she is going to talk about that in her comments.

But let me turn to my colleague, because he knows one of our witnesses fairly well, and he may have some thoughts.

Senator WELLSTONE. I actually was going to talk about the other witnesses, Mr. Chairman. Judge Klas is so highly respected in Minnesota. If I were to begin to talk about the number of assignments she has taken and the work she has done in the State of Minnesota, it would take a long time, and I would just like to thank her so much for coming out here.

And Joni, through Sheila, I just have so much respect for your courage, and I thank you so much for being here today.

And Kim Cardelli has done just absolutely brilliant work. She is the director of the Children's Safety Network. We have learned so much from working with her. So I thank you, Kim, for coming as well.

There are a good many Minnesotans who are also here today in the hearing room, and I would like to thank them.

Finally, I wanted to submit some statements that come from a variety of different organizations that support the Child Safety Act, and I wanted to just briefly read a letter from James Todd, executive vice president of the American Medical Association. Essentially, he commends you and commends us for holding this hearing on the Child Safety Act and then goes on to say that "S. 870 will be the subject of review by the AMA Council on Legislation at its next meeting. When that review is completed, we will be able to communicate to you our formal position."

I am very pleased to have this letter today and would like to include it, along with the other statements, in the record.

[The prepared statements follow:]

Congress of the United States
House of Representatives
Washington, D.C. 20515

THE CHILD SAFETY ACT

Dear Colleague:

The prevalence of family violence in our society is staggering. Studies show that 25% of all violence occurs among people who are related. Estimates of the number of women abused by their partners each year range from two to four million, and over one-half of all women murdered in the United States each year are killed by their male partners. Additionally, the number of substantiated cases of child abuse and neglect that occurred in 1992 was estimated at 1,160,400 - a 10% increase over confirmed cases in 1991. Data indicates that the incidence of violence in families escalates during separation and divorce. Many of these assaults occur in the context of visitation.

I have introduced the Child Safety Act to create supervised visitation centers to minimize the incidence of family violence during visitations. These centers would serve as safe and neutral ground for parents to temporarily transfer custody of their children or have court ordered supervised visitations. They would also provide a safe location for children in foster care to visit with their parents. Furthermore, supervised visitation centers would promote the reunification of families by offering support groups for children and parents who have lived in abusive environments. This bill would cost $30 million which would be disbursed as categorical grants through the regional offices of the Department of Health and Human Services.

Several centers have been successfully established in my home state of Minnesota. These centers direct their services to benefit the children, creating a relaxed and friendly atmosphere which promotes closer interaction between the children and their parents. The NBC Nightly News and the Today Show both did programs on one Minnesota center, the Children's Safety Center. As a result of those shows, the Center was inundated with calls from individuals interested in the Center and its methods. It seems that this intense interest indicates there is a huge need for these kinds of child and family oriented centers.

By supporting this measure, you can help children escape the danger of serious injury, emotional trauma, and even death. Compassion and decency dictate that we do all we can to allow children to grow up in a safe and nurturing environment. These children have already been forced to deal with the traumatic experience of family violence and breakup. Offering them a safe haven in which to meet with their family members is the least they deserve.

If you would like to cosponsor this bill or have any questions, please contact Kristen Hoeschler on my staff at x54755.

Sincerely,

Martin

Martin Olav Sabo
Member of Congress

THIS PAPER MADE WITH RECYCLED FIBERS – PLEASE RECYCLE

May 12, 1993

The Honorable Paul Wellstone
United States Senate
702 Hart Senate Building
Washington, DC 20510-2303

Dear Senator Wellstone:

As a keen observer of American social and economic trends, you no doubt share in the growing concern about the human and financial cost of child abuse. Public awareness may not be far behind: in the last few months alone, at least seven network TV shows from Oprah Winfrey's "Scared Silent" to "Full House" have told various parts of this story.

To get all the issues out on the table and to share Childhelp USA's 34 years of experience in this field, we've just published the enclosed supplement in the Washington Post and Los Angeles Times.

It presents to a popular audience the facts about this problem and what can and is being done to meet the needs of children and adult survivors. We've enclosed a copy for your use, and hope that you might share it with your associates who are active in public affairs initiatives.

Childhelp USA is a national nonprofit organization active in the treatment and prevention of child abuse. You probably have heard of our national Childhelp/IOF Foresters hotline, 1-800-4-A-CHILD, which last year handled over 360,000 calls from adults and children seeking help.

Additionally, Childhelp runs treatment centers on the east and west coasts for rehabilitating the most severely abused children, and conducts research and public information programs.

If we may, we'll write you from time to time to share new developments in America's war against child abuse. Your advocacy as a respected leader influencing public opinion can make a world of difference to the millions of children and their parents who are struggling to overcome this tragedy.

Sincerely yours,

Sara O'Meara
Chairman

Yvonne Fedderson
President

THE NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

1993 JUN 25 AM 9:08

June 21, 1993

Hon. Paul Wellstone
United States Senate
SH-702
Washington, D.C. 20510

Re: S. 870

Dear Senator Wellstone,

I am writing to strongly support above entitled bill cited as the "Child Safety Act" which addresses the need for supervised visitation to protect children from the trauma of witnessing or experiencing violence, abuse and neglect.

The New York Society for the Prevention of Cruelty to Children was appointed law guardian for over 800 children in the New York Family Court last year and in many of those cases Supervised Visitation was ordered. We recently started a Supervised Visitation Center which was funded in part by The Ronald McDonald Children's Charities. Enclosed is a brochure about the program. We have supervised over 100 visits since October 1992. Most often spousal abuse is the reason that supervised visitation is ordered.

We are also a member of a newly formed Supervised Visitation Network made up of professionals from across the United States and Canada. Two states have legislation addressing Supervised Visiting and many more are considering it. I would be happy to share the information I have on Supervised Visitation with you as well as a Keynote Address I gave at the First Annual Supervised Visitation Conference which was held last May.

Sincerely yours,

Anne Reiniger
Executive Director

pen
enclosure

St. Cloud Area Family YMCA
1530 Northway Drive
St. Cloud, MN 56303
Phone 253-2664

93 JUN -7 PM 4:12

Senator Paul Wellstone
2401 University Avenue
St. Paul, MN 55114

June 2, 1992

Dear Senator Wellstone,

I am a Licensed Social Worker and a Program Director at the St. Cloud Area Family YMCA. I am writing in support of the Child Safety Act which will create supervised visitation centers.

Currently, the YMCA is contracting through Stearns County to provide on-site supervised visitations to court ordered families. This program provides families with a positive, healthy environment in which to interact and a place where family vulnerability to trauma and violence will be reduced. The program provides flexible hours, focusing on convenient times and days for families. There are a variety of activities families can participate in during the visit including basketball, swimming, racquetball, walleyball, arts and crafts, cooking, and much more. There is also a private room where families can spend quiet time together. All visitation supervisors are trained to deal with issues concerning families in crisis. Supervisors are also in close contact with the county social worker assigned to the case, working together to provide appropriate services for each family.

The Supervised Visitation Program has proven to meet the needs of families in crisis. Children are more safe visiting at the YMCA verses having a friend or relative supervise a family interaction. Without this program, parents/relatives might not be able to see their children due to over worked social workers, lack of funds and limited space at Social Services. Because the need for this program is so great, we hope to expand our services to other counties, reaching families in neighboring towns and rural communities. This is a large step for the YMCA with many obstacles to overcome. Your support in this effort would be greatly appreciated.

Thank you for your time and effort in addressing this very important issue. If you have any questions about the Supervised Visitation Program, please feel free to contact me at the YMCA, (612) 253-2664 or at the above address.

Sincerely,

Gretchen Welch

Gretchen Welch
Program Director

Statement Regarding The Child Safety Act, S.870

Linda M. Leon
22855 No. Sandalfoot Blvd.
Boca Raton, Florida 33428
(407) 487-4871

September 24, 1993

I am the mother of two very young incest victims. My daughter had just turned three years old when she spoke these words to a psychologist: "THE MONSTER TOUCHED ME THERE. DADDY WAS THE MONSTER...IN THE BEDROOM AT MY DADDY'S HOUSE. HE TRIED TO BE A NICE MONSTER. DADDY TOUCHED MY PEE PEE. HE PUT HIS FINGER IN MY PEE PEE...HE MADE IT HURT...I CRIED LIKE A BABY." Her brother was only one and a half at that time. The children's father, a degreed professional, and I were already divorced. I had residential custody, my ex-husband had liberal visitation.

My attorney filed a motion to restrict or prohibit my ex-husband's visitation with the children. His response to that motion was to hire a high powered Palm Beach attorney, who filed a motion for custody. Prior to the full hearing, a judge ordered overnight visitation to continue, two weekends per month, supervised by a female family member of my ex-husband.

Both children went on visitation willingly, but their behavior changed drastically. My two year old son started to have night terrors. He later spoke of his Daddy putting his finger in his rectum. My daughter started to wet her panties on the day visitation resumed. Both children began to display aggressive and bizarre behaviors. After the third overnight visitation my son was returned with his rectal area inflamed. My daughter was returned with three notches, a tear, and internal and exterior redness in her vaginal area. My children had been re-molested, by court order.

A family member of a suspected abuser should never, under any circumstances, be allowed to supervise visitation. Abuse is often generational. It can run full cycle through many families, over many years, before the " family secret" is exposed. Even if the family is not considered abusive, it is highly unlikely that a family member can be completely unbiased. When this situation is allowed to occur one must question who is actually being protected - the abused or the abuser?

After that third visit, my attorney filed an emergency hearing to prohibit all visitation pending the full hearing. The same judge allowed visitation to continue as previously ordered. The outcome of the final hearing was a miscarriage of justice. To find this case in my favor would have exposed the court's grave error in judgement and the state's failure to provide my children with proper protection. Custody was awarded to my ex-husband; I was given less visitation then he had as a suspected child molester.

I was given visitation on the second weekend of each month from 9:00 A.M. to 7:00 P.M. on Saturday and Sunday, no overnights. Ironically, the judge ordered visitation to be supervised by my ex-husband's mother, or a person that we could mutually agree upon. I have enclosed copies of two pages from the court transcripts where the judge speaks his mind about supervised visitation. I have had to agree to my ex-husband's choice of supervisors or forfeit visitation. One supervisor did not even speak English, another repeatedly fell asleep in my home. A third would watch TV in my livingroom while I was outside with the children. Considering the supervision, or lack of, it is a good thing my children were not in a dangerous situation.

Currently, judges in many states are ordering inappropriate supervised visitation. Innocent children are being revictimized, that is a fact. This practice must be stopped nationwide. People who are ignorant of a subject are uneducated. People who choose to remain uneducated are ignorant. This country cannot afford to remain ignorant while it's most valuable resource is destroyed!

An adult who fears abuse, either physical or sexual, can obtain a restraining order against the threatening person, regardless of any relationship that may exist between them. The Fourteenth Amendment to the United States Constitution states that no state shall: "deny to any person within its jurisdiction the equal protection of the laws." The age, sex, or race of that person can not be a discriminating factor, that would be a violation of a person's civil rights.

A child is a person who can no longer be considered chattel, which is owned by a parent/abuser, and forever bound by parental bonds. A child has the same constitutional rights, as an adult, to equal protection under the laws. Please see the enclosed copy of Legal News. The lack of accountability has breed indifference within our judical system, and children are reaping the consequences. The injustice must stop, children have rights too.

The Child Safety Act, S.870 will provide funds to help stop the revictimization of America's children. This country has has a legal and moral obligation to it's children: to uphold their constitutional rights by providing them with proper protection from any abuser, at all costs. To allow children's rights to be overpowered by parental/abuser's rights sends a clear message to all - abusing children IS TOLERABLE, as long as they are your own.

God speed your decision and the safety of His children.

Minnesota Council on Family Relations

1993 OCT 20 PM 12:21

October 4, 1993

Paul Wellstone, U.S. Senator
Senate Hart 717
Washington, D.C. 20510

Dear Senator Wellstone:

On behalf of the Minnesota Council on Family Relations, I would like to congratulate you in your efforts at designing national public policy which supports young children and families.

The Minnesota Council on Family Relations stands behind your efforts in creating legislation like the **The Child Safety Act** which is supportive of families.

MCFR wishes you continued success as we work together in a partnership striving to improve the lives of Minnesota and the nation's families.

Sincerely,

David J. Bredehoft

David J. Bredehoft, Ph.D.
President, Minnesota Council on Family Relations

TARRANT COUNTY

DOMESTIC RELATIONS OFFICE
FAMILY COURT SERVICE DIVISION

September 13, 1993

The Honorable Paul Wellstone
Attn: Kaarina Ornelas
717 Hart Senate Office Building
Washington DC 20510

RE: S. 879 the "Child Safety Act"

Dear Senator Wellstone:

We have operated a Visitation Center for sixteen years, as part of our service to the District Courts and Tarrant County citizens involved in litigation before these courts.

To our knowledge, very few Centers to monitor visitation between parents and children exist in Texas. The ones that are in operation differ in all respects except for the common goal of protecting children.

Our operation, although originally a small portion of the work load, has grown rapidly because of allegations of abuse to children, abuse of drugs or alcohol by parents and family violence.

Because of our tremendous increase in visitation cases, I began looking for assistance from other area agencies. Finally last fall, we entered into a cooperative agreement with Family Service, Inc, a United Way sponsored agency. Now they too have such a dramatic increase in cases that it is difficult to schedule new cases.

Therefore I endorse your bill and look forward to its implementation in all states.

Please contact me if I can assist you in passage of this important legislation.

Sincerely,

Sandra Fultz LMSW
Director of Family Court Service

August 27, 1993

Senator Paul Wellstone
att: Kaarina Ornelas
717 Hart Senate Office Building
Washington D.C. 20510

Dear Senator Wellstone,

Casa de los Ninos supports House bill HR 2573 to fund supervised visitation centers around the country. Our agency implemented a Judicial Supervision Program in 1988 that has been extremely successful in Tucson, Arizona.

I have enclosed a videotape on the Casa that includes a testimonial about supervised visitation from Judge Margaret Houghton, Pima County Superior Court. I thought you might be able to use this as part of the hearings to create a more personal understanding of how such programs can fit into the overall provision of child welfare services.

Please let me know if I can be of further assistance.

Sincerely,

Jeanne Landdeck-Sisco, MSW
Executive Director

Ms. Lisa Kuschnar
207 Roslyn Avenue
Carle Place, New York 11514

September 24, 1993

Senator Paul Wellstone
717 Hart Senate Office Building
Washington, D.C. 20510

Attention: Ms. Kaarina Ornelas

Re: Supervised Visitation

Dear Ms. Ornelas:

I recently became a part of the supervised visitation program in Westchester County. I feel that this type of program is needed and I support it's continuance wholeheartedly.

Without this program, people who really want to be a part of their children's lives, wouldn't have the opportunity. It gives the child a safe, comfortable environment in which to visit with the non-custodial parent.

I hope that this program will continue to contribute to the needs of children.

Very truly yours,

L. Kuschnar

Lisa A. Kuschnar

:lak

Wellstone.ltr

cc: Ms. Jo Kellman
Westchester Children's Association
470 Mamaroneck Avenue
White Plains, New York 106052

New York State Bar Association

COMMITTEE ON CHILDREN AND THE LAW

CAROL R. SHERMAN
Chair
Legal & Juvenile Rgts. Div.
15 Park Row, 21st Floor
New York, NY 10038
212/619-3890

PROF. MARSHA GARRISON
Vice-Chair
Brooklyn Law School
250 Joralemon Street
Brooklyn, NY 11201
718/625-2200

October 18, 1993

Hon. Alfonse D'Amato
7 Penn Plaza
Suite 600
New York, New York 10001

Dear Senator D'Amato:

The Committee on Children and the Law of the New York State Bar Association urges you to support Senate Bill 870, the "Child Safety Act", introduced by Senator Paul Wellstone (Representative Martin Sabu). This proposed legislation authorizes funding for supervised visitation centers to be used in appropriate cases to protect children during visitation sessions with non-custodial parents.

Visitation by non-custodial parents is often essential to maintaining the parent/child relationship. There are some cases, however, where questions regarding the safety of a child(ren) during visitation as well as the appropriateness of a parent's behavior towards the child(ren) have been raised. A network of supervised visitation centers providing a range of services is particularly appropriate when domestic violence, sexual, physical and emotional abuse of either a parent or child or child neglect have been prevalent within the family unit. While we recognize that there are some cases in which no visitation is appropriate, there are many more cases in which, in order to maintain the parent/child relationship and at the same time safeguard the child, supervised visitation is the only viable alternative. In addition, many families need some supervision at the point of time when a child is transferred from one parent to another for the purposes of visitation.

While the funding of 100 centers across the United States does not even begin to meet the need, it is an important first step. The few programs now functioning have been patched together with inadequate funding by committed professionals who have recognized this urgent need. However, the number of children now being served is so small it cannot even be called a minimal.

Senator Wellstone's proposed legislation is a first step in the right direction to providing increased attention, protection, services and funding to the children who, for one reason or another, do not live with both parents but would benefit from contact with them. Your support of this legislation is extremely important.

We thank you for your attention to this matter.

Sincerely,

Carol Sherman

Carol Sherman

Lorraine Castro, M.F.C.C.
Executive Director

Sheila Anderson
Program Operations Director

Imilaz Bazal, M.D.
Consulting Child Psychiatrist

Carol A. Bradley, Ph.D.
Nursery Director

Yvonne Conner, M.D.
Consulting Pediatrician

Chris Dixon, LCSW
Foster Family Clinical Director

Lorraine Lima, M.A.
Family Services Director

Jacquie Murphy, M.S.
Foster Family Administrative Director

Donna Redmon-Bentley, Ph.D.
Consulting Physical Therapist

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Lawrence Rodgers
Community Improvement League
Long Beach

Paul Wetula, M.D.
Pediatrics, Univ. Calif.
Medical Center, Irvine

BIENVENIDOS children's center, inc.

"Keeping Families Together"

October 28, 1993

Testimony

We wish to thank Senator Wellstone and the Committee for consideration of this testimony as a part of the record for SB 870. These remarks are made on behalf of our colleagues at Bienvenidos Children's Center in Los Angeles and ourselves. Bienvenidos Children's Center specializes in foster care to pre- and school-age children. We are daily responsible for 46 babies and toddlers placed with our emergency shelter nursery program by the court, for approximately 380 young children placed with our certified foster families for longer term care and protection and for more than 250 children involved in our Family Support Services child abuse prevention program . A fact sheet that briefly describes our organization and experience is also included.

Child safety and sense of safety during parent visitation is as fundamental for children in foster care as it is for children in divorce circumstances. Our views are predicated on the following::

1. Children need to feel safe; to feel that adults are in control of and committed to providing them with a safe, nurturing environment;

2. Children are not to blame for the need for mediation, litigation or the conflict that their parents and other adults in their lives experience or express;

3. Children love their parents, actual or acquired, and this love is no less important than their own feelings about being loved and cared about; and,

4. Children need all of the significant adults in their lives for healthy development, regardless of the extent of the willingness or ability of adults to agree with one another.

Safe Visiting and Foster Care

Foster care by design is temporary for most children. The intent is to protect the children in as family-like an environment as possible for as long as needed while the court determines when the children can be safely returned to their birth families or placed with other relatives. In foster care, *reunification with the birth family must be given the highest priority.*

Foster parents must be encouraged to be open to involving birth parents in a range of reunification activities so that when children are returned to the birth families the probability of successful reunification is heightened. What we do not want to see happen is "placement failure" following unsuccessful reunification.

Safe comfortable visiting is crucial to successful reunification. We see safe visiting as basic to the transition between foster care and return to the birth family. However, safe visiting in foster care is not easy for a number of reasons: (1) foster parents sometimes fear that birth parents may misdirect their insecurity and frustration; (2) foster parents are sometimes unable to understand the circumstances facing the birth parent and fear the resultant behaviors may put their own families and home at risk of violence, and (3) foster parents bond with the foster children and genuinely fear for the safety of the children prior to and following reunification.

Yet early interaction between birth parents and their children in foster care is crucial to the emotional well-being of the children and the success of reunification.

Recognizing the fears of foster parents, we nevertheless encourage them to invite birth parents to their home and help the children feel comfortable as they meet there with their birth parents. Where the court so orders or where in our best judgment as child welfare professionals dictates, we also arrange birth parent - foster child visiting in natural but public settings such as parks, restaurants and so on. We also arrange for visiting in our offices and other agency offices as close as possible to the foster home and birth family home.

Program Recommendations for Safe Visiting for Foster Children

The needs of children in foster care are complex and the proposed legislation offers protections that have generally not received as much program attention as they should. We offer three recommendations:

1. The adults in the child's life should have a safe, neutral, and supportive environment such as a Child Safety Center in which to plan thoughtfully for the child;

2. Professional mediation, coaching and monitoring should be available to all families attempting to resolve disputed custody concerns;

3. The safe meeting environment should be child centered, family focused and dedicated to providing support to all aspects of each child's development;

4. Caregivers, both professional and paraprofessional, should have specialized training in the creation, organization and effective management of Child Safety Center environments; and,

5. Public child protective services workers, private foster family agency social work staff, and court staff at the local level should be encouraged to form consortia to develop inter-agency access to Child Safety Centers in their communities.

We very much appreciate this opportunity to contribute to the success of this important legislation.

Thank you.

Sheila Anderson,
Assistant Executive Director

Jerome Seliger, Ph.D.,
President

Testimony to be copied for inclusion in SB 870 Hearings on October 28, 1993.

Fact Sheet
Getting to Know Us

Blenvenidos Children's Center, Inc.
205 East Palm Street
Altadena, CA 91001
(818) 798-7222

Blenvenidos Children's Center, Inc., (BCC) is a private nonprofit public benefits charity incorporated in California in 1986. BCC has IRS 501 (C) (3) designation and is headquartered in Altadena. BCC programs are State licensed and located throughout Los Angeles county. BCC opened for care to children in June, 1987.

Our mission, "keeping families together," assumes that families are essential to the well-being of children and to tomorrow's America.

BCC operates three service programs. Our state licensed Emergency Shelter Care Nursery in West Covina provides 24-hour short term nursery care to babies and toddlers. The Shelter Care Nursery program cares for children in need of protective care who are placed with us by the Juvenile Dependency Court. Children receive therapeutic physical and emotional assessment and nurturing by "substitute moms" in small "families" of three children. Children live with us in our shelter nursery for periods averaging one month as the court determines their long term care needs.

BCC's state licensed Foster Family Agency program provides longer term foster care for babies, pre-school and school age children. BCC recruits, provides training to and certifies specialized foster families county - wide for care to children placed with the program by the court. Blenvenidos Foster Family Agency offices are located in Pomona, West Covina, East Los Angeles, Long Beach and Van Nuys. In addition to these licensed programs, BCC pioneered what has become a nationally recognized child abuse prevention service program,

Our Family Services program, headquartered at the Blenvenidos Family Support Center in East Los Angeles, provides case managed "Madrina" Family Support Worker assistance, respite care and related services to three categories of family at risk of child endangerment: (1) *families in need of aftercare re-abuse prevention* in the critical reunification weeks following foster care; (2) *families referred to the program by the court* as an alternative to court-ordered foster care; and, (3) *high need/low resource families with medically vulnerable babies.*

DAN SALTZMAN, Multnomah County Commissioner, District One
1120 S.W. Fifth Avenue, Suite 1500 • Portland, Oregon 97204 • (503) 248-5220 • FAX (503) 248-5440

TESTIMONY OF COMMISSIONER DAN SALTZMAN
IN SUPPORT OF THE CHILD SAFETY ACT (S.870)

As a County Commissioner for Multnomah County, Oregon, I offer my wholehearted support of the Child Safety Act.

Multnomah County, which encompasses the City of Portland, is the most populous in Oregon. But conversations with my colleagues in other counties confirm what we have learned here: that family violence is exacting a terrible cost on its victims and on the jurisdictions that must cope with its aftermath.

As the local government charged with providing human services, including physical and mental health, prosecution and corrections, we can clearly see that failure to break the cycle of family violence dramatically increases the need, and cost, of such services. While certainly no panacea, the Child Safety Act is an innovative approach whose passage would have a direct and positive impact.

The establishment of supervised visitation centers to provide a safe place for the transferral of custody or for court ordered supervised visitation would be a good thing: such facilities have potential to lessen a great number of tragic circumstances. But I am especially enthusiastic about the tremendous impact that this measure would have if placed in the

context of a coherent strategy to reduce family violence and generally improve the mental, physical and social well-being of children and families.

Let me share two examples of ways in which Multnomah County is approaching this issue. Specific to the concept of a safe place for visitation, we fund the Salvation Army's West Women's and Children's Shelter, which has a supervised visitation center as part of its program. It is considered an essential part of the Shelter's overall mission to break the cycle of family violence.

More generally is our integration of services to families and children within a structure of Family Resource Centers. These centers, which correspond to geographic zones within the county, are designed to be an identifiable resource for families in need of any or all of a broad range of services. One of the strengths of this model is its role as an entry point: the ability to connect families and children to other services in a positive and supportive atmosphere.

Both of these examples illustrate the strong potential of the Child Safety Act to serve as a focal point for delivering desperately needed services to families. It can be easily connected to existing service within local jurisdictions, leveraging local resources with a federal commitment that is focused, measurable and complementary. Most important, this investment in our children will be effective in reducing violence in the short term, and will save a tremendous amount of money in the long term as we intervene early in a problem whose costs grow exponentially when untended.

MOWER COUNTY VISITATION CENTER

FINAL EVALUATIVE REPORT--JUNE 1993

A. Introduction:

The Mower County Visitation Center is a program of the Mower County Victim's Crisis Center and began operation in November 1992. It serves the residents of Mower County in southeastern Minnesota (pop. 40,000.) The Visitation Center is designed to provide a safe and caring atmosphere for children to be exchanged or for parents to have meaningful visits with their child/ren. It provides a drop-off/pick-up location, a monitored visitation option for out-of-town parents, and a supervised visit option. Priority is given to visitation that is court-ordered or that involves an active child protection case with Human Services.

Paid staff include: a full time coordinator who schedules visits, conducts interviews with parents, coordinates with courts and referral sources, and supervises the on-site operation of the center and education/support groups; and a part-time assistant also coordinates and conducts on-site operations. Trained volunteers are utilized in some of the supervision and exchanges of children.

The Visitation Center is located in the education wing of a local church which is next to the Victim's Crisis Center offices. Days of operation are Wednesday, Friday, Saturday and Sunday.

The Mower County Visitation Center is operating close to full capacity, which seems to indicate that there is a tremendous need for this service. Before this program existed, many children were picked up and dropped off at one of the parents homes or in parking lots. Many times there were physical or verbal confrontations between the parties which were witnessed by the children. Most of these children had witnessed on-going domestic violence between their parents when they were together and now were witnessing it during visitation arrangements. By utilizing the Visitation Center we are removing the danger and the trauma to these children, and they are no longer caught in the crossfire of their parents disputes. The children enjoy using the center. It is very child-oriented, with games and toys. The parents are very appreciative of the Center services as well.

The Mower County Visitation Center is a new program in our County. We currently receive $40.000.00 per year from the State grant which represents 80% of the budget.

To ensure client and staff safety, there is a response agreement in place with the Austin Law Enforcement Center. They are aware of our hours of operation and have a floor plan of the facility that we are using. Separate entrances for fathers and mothers are used and the times that the parents come into the center are staggered to avoid contact.

To ensure client confidentiality, all of our paid staff and volunteers have been trained in mandated reporting and the Data Practices Act. All staff sign a confidentiality agreement. Client records are kept in the coordinator's private office which is locked at all times. Clients who are involved with the courts and Social Services, sign a release of information.

Parent and child support/education classes are provided to mothers, fathers, teens, children ages 6-8 and 9-12 years of age. Child care is also made available. Clients who are self-referred to the Center are encouraged to enroll in these classes. Clients who are court ordered to the Center will be required to participate in the classes.

To provide parents with skills to deal with the difficulties in dealing with former partners and to minimize the effects of parental conflict on children, support/education classes are conducted on an on-going basis. The mothers,' teen and all children's groups are held at the Visitation Center and are scheduled at the same time in adjoining rooms. This eliminates transportation and child care problems. The fathers' group is held at an alternate site the same night for convenience and safety reasons. The mothers' and children's classes are on an 8 week cycle. The fathers' groups run on a 12 week cycle. An outline of the curriculum for each class is attached to this report.

B. Services Summary:
Attached is the Visitation Center Evaluation Instrument Form. This provides the information as to the number of families being served, their ages, what type of service they are using, if there is improvement being noted and also how many are attending the classes offered.

Additional information that should be noted and that is not provided on the evaluative report attached is:

1. Average age of adult clients: 30 years of age.
2. Clients that have progressed from supervised to exchanges: 3
3. Clients that have progressed from using the Center to exchanging on their own: 9

CURRICULUM AND TRAINING PACKAGES USED

Fathers group: What about the Kids? (available through DAIP in Duluth)

Mothers group: In Our Best Interests. (available through DAIP in Duluth)

Teen group: Too Cool To Rule (available through DAIP in Duluth)

Children's group: Kids Koping (available through the Parenting Resource Center in Austin)

Volunteer training packet: (available through the Mower County Visitation Center)

C. Program Assessment

The major goals of the program have been met or exceeded. The Center is operating at full capacity, with an additional mid-week day of operation that was added after the program began, due to the client demand. A wide variety of clients with many different needs, including physical handicaps are being served. A close relationship is maintained with the courts, social services and private attorneys as they are the main source of referrals.

No significant staffing problems have been encountered. The program took off quickly and it became evident that an Assistant Coordinator was needed to help with the increased operating hours of the Center and to provide back-up. Volunteers continue to be utilized with supervised visits and exchanges. There has been little if any turnover in the volunteer staff possibly because of the flexible time requirements.

One problem encountered is the amount of work and time required to coordinate the classes. There is a tremendous amount of work required to line up the curriculums, obtain the space, and put the facilitators of the classes in place. It has also been difficult to get judges to remember to order the classes when the Visitation Center has been court-ordered. To remedy this, a reminder letter has been sent to the judges asking them to require the classes if appropriate. One option is to incorporate using the Visitation Center and attending the classes as a package.

Another problem encountered that is on-going, is the constant changing of the schedule of supervised visits and exchanges. Because of dealing with the amount of people that we do, there is always change. These changes include type of visitation service, day and time, and length of visit. The frequent change in schedule can be time-consuming and it can be difficult to keep track of who is coming in at what time and what rooms will be needed. It also affects the number of volunteers needed for the week.

A possible un-met need is the fact that referrals from smaller towns in the county are currently low. Whether transportation is a problem or the information is not reaching them, is not known at this time.

D. Future Outlook:

The Mower County Visitation Center anticipates continued and accelerated growth in the future. We anticipate our funding to remain the same for the next year. Any staffing changes that will be made will likely be the training of more volunteers due to an increased client load. Current paid staff should remain the same.

The Mower County Visitation Center has nad visits and phone inquiries from 3 Counties in Minnesota and also from Dade County Florida and Bismarck, North Dakota. This seems to indicate that other agencies in the State and Country are seeing the need for this program and want to develop one in their area. Sadly, domestic abuse and child visitation and custody disputes are a growing problem that occurs everywhere. By utilizing existing facilities and sponsoring organizations, the program can operate effectively and efficiently in a rural county. There appears to be a tremendous need for the services of the Visitation Center The program is helping to break the cycle of abuse in many families. By providing a safe and neutral place for visitation it is also preventing physical and emotional harm to countless children.

American Medical Association
Physicians dedicated to the health of America

James S. Todd, MD
Executive Vice President

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The Honorable Christopher Dodd
Chairman, Subcommittee on Children, Family, Drugs and Alcoholism
Committee on Labor and Human Resources
United States Senate
639 Hart Senate Office Building
Washington, DC 20510

October 28, 1993

Dear Senator Dodd:

The American Medical Association (AMA) is pleased to again add our voice to those decrying the epidemic of violence in America. We commend you and the Subcommittee for your willingness to take real steps that hopefully will deter at least some of the violence that all too frequently takes place against children. Where emergency medical care is provided to children in response to domestic violence, physicians will take the responsible action of working with appropriate authorities. However, there is no question that children would be far better served if the need for medical care never arose. For this reason, we commend Senator Wellstone for introducing S. 870, the "Child Safety Act," a proposal designed to protect children from the trauma of witnessing or experiencing violence, sexual abuse, neglect, abduction, rape or death during parent/child visitations or visitation exchanges. S. 870 will be the subject of review by the AMA Council on Legislation at its next meeting. When that review is completed, we will be able to communicate to you our formal position.

The Child Safety Act would authorize the Secretary of Health and Human Services to "award grants to and enter into contracts and cooperative agreements with public or nonprofit private entities to assist such entities in the establishment and operation of supervised visitation centers." There is no denying that such centers have the potential of addressing the finding enunciated in the measure which says that "the problem of family violence does not necessarily cease when the victimized family is legally separated, divorced, or otherwise not sharing a household. During separation and divorce, family violence often escalates, and child custody and visitation become the new forum for the continuation of abuse." The findings further cite that "up to 75 percent of all domestic assaults reported to law enforcement agencies were inflicted after the separation of the couples."

The AMA and physicians are very active in efforts to address issues of family violence. In the past several years, we have undertaken a substantial number of activities in the area of family violence control and prevention. These activities are described in Report K of the AMA Board of Trustees, adopted at our 1993 Annual Meeting (copy attached).
Our commitment to family violence prevention is an ongoing one. For example, a National Invitational Conference on Family Violence sponsored by the AMA will be held on March 11-13, 1994, in Washington, DC. National organizations representing medicine and law, leading attorneys and physicians specializing in issues of family violence, and Members of Congress will be invited to attend the Conference. The Conference will focus on how medicine and the law can work effectively together to address the problems of family violence.

The issue of family violence has direct relevance to practicing physicians. It is the practicing physician who must treat the results of violence. We also are seeing more situations where it is the practicing physician who must diagnose that an injury is the result of violence and refer cases of abuse to authorities charged with responding to such cases of family violence. The AMA agrees that we must find new ways to break the continuing cycle of abuse. We commend you for focusing on those problems that may occur during and after legal separation and divorce.

Sincerely,

James S. Todd MD

James S. Todd, MD

Attachment

REPORT OF THE BOARD OF TRUSTEES

Report: K
(A-93)

Subject: Update on the AMA's National Campaign Against Family Violence

Presented by: Raymond Scalettar, MD, Chair

Referred to: Reference Committee D
(Richard S. Materson, MD, Chair)

Board of Trustees Report FF (A-92), "Update on the AMA's National Campaign Against Family Violence" (Policy 515.980, AMA Policy Compendium), recommended that ongoing efforts on family violence continue to be an action item at each of the annual meetings of the American Medical Association (AMA) and that the impact of drugs and alcohol on family violence be studied and included in future updates. Board of Trustees Report G (I-91), "A Proposed AMA National Campaign Against Family Violence" (Policy 515.986, AMA Policy Compendium), outlined an action plan of activities to address family violence.

COMMUNICATION STRATEGIES

On June 10 and 17, 1992, issues of the Journal of the American Medical Association (JAMA) and specialty journals were devoted to the topics of "Violence in America" and "Domestic Violence," respectively. The release of these issues was preceded by a press conference held in Washington, D.C. As a result of the excellent reception to these journal articles, a compendium from JAMA, American Medical News, and the specialty journals of the American Medical Association, titled "Violence," was assembled and distributed. The compendium represents the most current research and up-to-date literature reviews on the topic of violence and family violence.

NATIONAL COALITION OF PHYSICIANS AGAINST VIOLENCE

The National Coalition of Physicians Against Violence currently has a membership of 4,000. New registrations are received daily. All members of the Coalition receive membership cards, a mission statement, a family violence poster, a newsletter, and a set of the four diagnostic and treatment guidelines published by the American Medical Association.

Action of the AMA House of Delegates, A-93; Board of Trustees Report K Recommendations Adopted as Amended and the Remainder of the Report Filed.

The primary purpose of the Coalition is to provide the nidus for the development of violence prevention committees through local medical societies. This is already occurring in 16 states. Lists of Coalition members have already been sent out to state and local medical societies. In addition, the Division of Communications has developed a project book titled "What You Can Do About Family Violence." The book is designed specifically for use by state and county medical societies, and makes suggestions for the development of violence prevention committees.

A National Advisory Council on Family Violence consisting of representatives from the specialty societies has been organized. Forty specialty organizations have designated representatives. The

first meeting of the group was held in Chicago in September 1992. A second meeting of the Council was held in Washington, D.C., on April 1-2, 1993. While still in the formative stages, the Advisory Council is examining issues concerning medical education, federal and state legislation, and the needs of professionals working in the various areas of family violence.

An outgrowth of the Advisory Council's activities includes the formation of a group of medical school deans interested in developing curricula on the different forms of abuse for undergraduate clinical education. Once completed, the model curricula will be disseminated to medical schools around the country.

NATIONAL MEDICAL RESOURCE CENTER

The National Medical Resource Center on Family Violence continues to gather protocols and guidelines which address the various forms of abuse. Through the National Resource Center, the AMA's Diagnostic and Treatment Guidelines on child physical abuse, child sexual abuse, domestic violence, and elder abuse have been widely distributed.

Reports from the various AMA Councils have also been made available through the National Resource Center. In addition to existing reports on violence against women, adolescents as victims and perpetrators and physicians and family violence, the House of Delegates will consider at its 1993 Annual Meeting a report on substance abuse and family violence. Reports on the impact of family violence on mental health and violence against men are currently under preparation.

IMPACTING THE HEALTHCARE SYSTEM

Beginning in January 1992, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) required hospital emergency departments and ambulatory care facilities to meet standards for all forms of abuse: child abuse, sexual assault, domestic violence, and elder abuse. The standards require that policies and procedures be in place to address diagnosis, appropriate treatment and referral, and staff education in order to be accredited by the JCAHO. The American Medical Association, the American Hospital Association and the Education Development Center, Inc., of Newton, Mass., have completed a proposal which, when funded, will allow for the development of model protocols and education and training programs to assist hospital staff in complying with the new JCAHO standards.

NATIONAL INVITATIONAL CONFERENCE ON THE PREVENTION OF FAMILY VIOLENCE

A National Invitational Conference on Family Violence will be held on March 11-13, 1994, in Washington, D.C. The Conference will focus on how medicine and the law can work effectively together to address the problems of family violence. National organizations representing medicine and law, leading attorneys and physicians specializing in issues of family violence, and members of Congress interested in family violence will be invited to attend the Conference. Outcomes for the Conference include the development of programmatic activities to be embraced by national organizations and policy recommendations to be delivered to Congress and state governments. A planning meeting for the Conference will be held March 31, 1993. Cosponsorship by the American Bar Association, the American Dental Association, the American Hospital Association, and the American Nurses Association has already been agreed upon.

THE AMA'S CONTINUED INVOLVEMENT ON VIOLENCE ISSUES

Family violence, as compared to other more global types of violence, was selected by the Board of Trustees because of its more direct relevance to practicing physicians. Nevertheless, research has shown that violence occurring in the family is carried over to the

community. The possibility that children who are victimized may continue to perpetuate the cycle of violence as adults in their own families, as well as the broader community, is an issue receiving attention by the research community.

International homicide rates for males 15-24 years-of-age suggest that the United States is the most violent country in the world. Our own experiences seem to substantiate this finding given the recent problems in Los Angeles, the number of articles in our newspapers about drive-by shootings, the rising homicide rates, children coming to school with guns, and the often heard denunciation about the amount of violence portrayed on television.

Since the initiation of the Physicians Campaign Against Family Violence in October 1991, the American Medical Association has received extremely positive feedback from physicians, other professional groups, and the general public. The Campaign began as an effort to heighten awareness among physicians regarding the abuses constituting family violence and to educate them in appropriate diagnosis and treatment. This work began with the issuing of the AMA Diagnostic and Treatment Guidelines on child physical abuse, child sexual abuse, domestic violence and elder abuse.

The AMA's involvement in the area of family violence has catalyzed a variety of positive responses from the public, the news media, professional organizations, advocacy groups, members of Congress and other governmental agencies. The AMA is clearly viewed as a leader in this area and has given the issue of family violence a prominence that few other organizations could provide. Indeed, many complementary programs have been launched by constituent societies in the Federation as well as by the Auxiliary and other distinguished organizations. The AMA's efforts have also provided a forum for discussion among all those concerned with this issue.

To extend its leadership role in this area of public health, AMA efforts must include coordination and violence prevention. While diagnosis and treatment is of great importance to physicians, a public health approach that places emphasis on primary prevention of violent behaviors is indicated.

RECOMMENDATIONS

The Board of Trustees recommends that the following policy statements be adopted and that the remainder of this report be filed.

I. Recognition, Safety and Treatment

A. The AMA should provide educational and training opportunities for physicians in diagnosing, treating, and referring cases of abuse constituting family violence;

B. Work with the American Hospital Association to encourage the development of hospital-based programs for the diagnosis and treatment of abuse among all people, especially in georgraphic areas of high risk for violence;

C. Work with the American Hospital Association to encourage the development of multidisciplinary hospital-based teams of professionals to assist physicians and other health professionals in the diagnosis and management of family violence cases;

D. Develop and disseminate model curricula on violence for incorporation into undergraduate and graduate medical education.

II. Coordination of Efforts of Violence Control and Prevention Activities

A. State and county medical societies should convene or join state and local health departments, criminal justice and social service agencies, and local school boards to collaborate in the development and support of violence control and prevention activities. These efforts should be coordinated through state and local health departments.

B. Hospitals should meet with agencies within their own communities that provide assistance to victims of family violence and develop protocols for working with one another.

C. Collaborate and coordinate with the Centers for Disease Control and Prevention supported comprehensive school health programs initiative to develop health education curricula for grades K-12 on topics including violence avoidance, conflict resolution and enhancement of self-esteem.

III. Primary Prevention

A. State and county societies should support violence prevention committees made up of physicians and members of the AMA Alliance for the purpose of establishing local agendas;

B. Encourage all physicians to routinely screen for the effects of violence and abuse in all patients;

C. Develop a "train-the-trainers" program on primary prevention for physician members of the National Coalition of Physicians Against Family Violence to work within local school districts to implement educational programs on violence prevention and substance abuse.

IV. The AMA should study the problem of domestic violence in doctor's families and make recommendations concerning approaches to recognition and treatment.

Fiscal Note: $100,000

CHILDREN'S RIGHTS COUNCIL
ALSO KNOWN AS
NATIONAL COUNCIL FOR CHILDREN'S RIGHTS

220 Eye Street N.E., Ste. 230, Washington, D.C. 20002-4362 Telephone (202) 547-6227 1-800-787-KIDS
Fax (202) 546-4CRC (4272)

Re: Child Safety Act (S. 870)
Senate Subcommittee on Children, Family, Drugs & Alcoholism

Statement by David L. Levy, Esquire,
President of the Children's Rights Council
Phone 202-547-6227

and Dick Woods, administrator of the $300,000 Iowa Access Enforcement Project under Sec. 504 of the 1988 Family Support Act, phone for Dick Woods: 515-277-8789.

Our Children's Rights Council (CRC) is a national child advocacy organization with a great deal of experience on access (visitation) issues, and a child-oriented, gender-neutral position. About half our members are women, and half of our 25 state coordinators are women, including Kris Kline of Florida (author of "For the Sake of the Children)" and three national organizations are affiliated with us--Mothers Without Custody, Grandparents United for Children's Rights and the Stepfamily Association of America. Our advisors include U.S. Senator Dennis DeConcini, "Dear Abby", Vicki Lansky, and Joan Berlin Kelly, Ph.D.

Dick Woods, director of the $300,000 Iowa Access Enforcement Project, Des Moines, Iowa, has many years experience counselling parents about access. One of the purposes of the federal grant is to develop procedures for supervised visitation and neutral drop-off and pick-up points to ease the situation for children after separation or divorce. The Iowa project has identified techniques for diagnosing and treating access problems. The Project has also developed contract language between administering agencies and neutral centers, as well as contracting language between parents and the neutral centers. The contract language covers various points, including behavior, time schedules, back-up plans, and other matters to help the child and the parents during this process. HHS evaluators are reportedly pleased with the progress of the Iowa Access Enforcement Project.

Both CRC and Dick Woods support the concept of S. 870, but we are concerned about the tone of the bill. The purpose of supervised visitation and related activities, as stated in Sec. 6, part (9) of the bill is to evaluate "the process by which children or abused partners will be protected during visitations, temporary custody transfers and other activities for which the supervised visitation centers are created..." Similar language and purpose is found throughout the bill.

The bill is thus limited only to domestic violence as it affects visitation. Domestic violence is real and must be prevented, but people with experience in visitation problems know that domestic violence is but one of many factors involved in visitation problems requiring supervision. Child abuse is a major factor--and people with problems regarding child abuse do not generally go to violence shelters, because violence shelters are designed to help women (although a few also help men). Shelters can and should provide help to adult victims, although they often do so in an adversary role, which is generally not suited to problems specifically involving children. The courts, child protective services, foster care programs, and other agencies, private and public, work more on the child protective level. They do so in Connecticut, Minnesota and throughout the country.

Other reasons for having supervised visitation are parental misbehavior such as alcohol and drug problems, and again, one would not go to a domestic violence shelter for these kinds of problems, because the centers are geared for a very different approach.

Domestic violence shelters, moreover, do not "own" the problem of visitation, and have little experience at resolving visitation problems, although we have heard that one domestic violence shelter has come to recognize that some, and I emphasize some--visitation disputes are mediable.

It should also be noted that non-custodial parents--85% of whom are men, but 15% of whom are women--are not for the most evil or violent. This is not a matter of saintly custodial parents and violent non-custodial parents and visitational grandparents. Judges and other experts know full well that there is enough anger, upset, disappointment, and litigation at the time of separation and divorce to go around. Legislation needs to recognize this reality. For example, and this is just one example among many that could be cited in S. 870, Section 2 (7) states that studies by the American Humane Association indicate that reports of child abuse and neglect have increased by over 200 percent from 1976 to 1986.

Any state or federal agency that maintains gender reporting (as American Humane used to do before federal funding was cut back) reports that women constitute the majority of the violence complaints against children; this is not to say that women are more violent than men, only that where a parent might be over-burdened through the heavy responsibilities of sole custody--burn-out, over-extension, and lack of time off contribute to circumstances that may lead to increased violence against children. This would presumably be true whether fathers or mothers had that heavy sole custody responsibility. Perhaps case workers should be trained to work more than they do with sole custodial parents; and perhaps Congress could urge more joint custody (shared parenting) in the states for fit parents. In short, the "findings" in S. 870 need to be fact-oriented, as well as to acknowledge the range of problems other than domestic violence for which supervised visitation might be a useful approach.

Grants that are awarded should go to groups with experience in access/visitation. We should not want to restrict this service and foreclose the service from those who are best at providing it. There are hundreds of groups across the country--fathers and mothers support groups, that counsel thousands of parents each year, provide supervisors for visitation, and facilitate transfers of children. There also groups working with parents with alcohol and drug problems, and if church groups help with visitation problems, they should also be entitled to be funded.

The Children's Rights Council and the Iowa Access Enforcement Project are among the staunchest advocates of prevention of domestic violence. Both David L. Levy, Dick Woods, and many individuals in our national and state organizations, have daughters as well as sons. We want them protected and safe, and to learn to have healthy, happy relationships with other people. We know that the problem of violence will not be prevented unless we understand, as Sen. Moynihan, David Blankenhorn, columnist William Raspberry and others do, that family breakdown and father absence in the lives of children is the main reason for the increase in violence in America. The possible causative factor of incest in contributing to family breakdown also needs further study. A bill based on these realities would, we believe, be positive, gender neutral, and helpful in preventing violence for many, many people. Any bill you consider must be accurate, honestly framed and effectively carried out. We would be glad to work with you on this issue. Thank you.

Senator WELLSTONE. I certainly also would like to thank Sheila for being here as well.

Senator DODD. Let me also say that your colleague from Minnesota, Senator Durenberger, is sorry he cannot be with us today. He wanted to extend a very special welcome to Kim Cardelli and Judge Mary Louise Klas, who have worked hard to make our society a safer place for victims of abuse. He also wanted to commend Sheila Wellstone for her tireless efforts in behalf of battered women and victims of abuse. All three of you are great representatives for the State of Minnesota, which has always been a leader in addressing the serious problems of violence in our society."

With that, Sheila, thank you for coming.

STATEMENTS OF SHEILA WELLSTONE, WASHINGTON, DC; KIM CARDELLI, DIRECTOR, CHILDREN'S SAFETY NETWORK, ST. PAUL, MN; JONI COLSRUD, SILVER SPRING, MD; AND JUDGE MARY LOUISE KLAS, RAMSEY COUNTY COURTHOUSE, ST. PAUL, MN

Mrs. WELLSTONE. I wish you had smaller chairs. [Laughter.]

Senator DODD. We will take note.

Mrs. WELLSTONE. Mr. Chairman, Senator Wellstone, I want to thank you for the opportunity to come here today to speak to you about this issue that is so important to me—family domestic violence.

Family violence, as you know, knows no boundaries. It cuts across all lines. And today, we are seeing that the violence that is taking place in our homes is spilling out into our communities.

I am here today to make a brief statement about the genesis of the Child Safety Act and the important role that Congress has to play in ensuring that all of our homes are safe places.

Before I came to Washington, I was a media aide in the Northfield, MN public high schools. In that job, newspapers, magazines, and books came across my desk all the time, and I would see repeated stories of the threats, killings, and battering of women and their children in their homes. It was amazing to me that the safest place, the haven of your home, could be the most deadly, the most violent, or the most dangerous.

And I made a commitment to try to find out what we could do to end this cycle of violence and to start steps of prevention. I travelled throughout the State of Minnesota, and I met with people in shelters and in crisis centers. I met with people who ran groups for counseling men who were batterers. I met with police officers, with judges, lawyers, doctors. We had town meetings, trying to find out what it was we could do as communities to end this violence.

Throughout this process, I looked at many successful programs that Minnesota has to provide safe places for these visitations to occur when there was court-ordered visitation, and I found two programs—the Children's Safety Network in St. Paul, which Kim will tell you about, and another program that is very successful is the Visitation Center in Mower County in Austin, MN.

These centers offer a very simple solution, and they are very workable. They provide a place for parents who have to come together to make an exchange when there has to be visitation from one parent to another. It is a very safe, neutral place. It takes

away the fear of another violent confrontation. It makes a woman safe from being battered again. It makes a child safe from possibly witnessing this abuse.

In the case where a child has to have a supervised visit, they stay right there on site with people to make sure that the visit remains safe and nonconfrontational for that child.

And in the case where children have been put in a foster home because they have been neglected or abused, they can come back to the center; they can have supervised visits with those parents, they can have the counseling they need to have, they can start parenting classes. Together as a unit there, where it is safe for the child, they can start rebuilding this family relationship again, which is so important.

The need for these centers is extraordinary, and we are not beginning to meet those needs right now. That is the reason for the Child Safety Act. I just want to repeat, because I think the statistics are so powerful, what you said earlier, Mr. Chairman, that at least 50 percent of children who live in homes where the mothers are being abused, those children are abused—and that is at least 50 percent.

Also, 75 percent of the women who are battered, those incidents occur after separation or divorce. So again, this is a very important reason why we need these centers to relieve that part of the danger.

One other component of this Act with the child safety centers would be that 20 percent of these centers would be set up clinically, because there are always steps for improvement, and this way, we will learn what is working, what is not working, and we can continue to make these even safer places for children and parents to be.

In conclusion, I would like to say that I am not naive enough to believe that violence in the home is going to end in my lifetime, but I believe that we have to continue to do everything we can to prevent and deter this violence. When we are addressing violence in the home, we are also addressing violence on the streets.

I still have a lot to learn, but I think I have found a model program that is working in Minnesota, and I would like the rest of the country to have the benefit of this program.

So I very strongly urge your support of the Child Safety Act, S. 870, because it will provide protection for women, men, and their children.

Thank you very much.

Senator DODD. Thank you very much.

[The prepared statement of Mrs. Wellstone follows:]

PREPARED STATEMENT OF MRS. WELLSTONE

Mr. Chairman, members of the committee, thank you for the opportunity to testify before you today. And, thank you also for making the issue of domestic and family violence a priority. Family violence cuts across all lines—race, class, age, and gender. The cycle of violence in the home is spilling into the community.

I am here today to make a brief statement about the genesis of the Child Safety Act and the important role Congress can play in making every home a safe place.

Before I came to Washington, while I was a librarian in Northfield, MN, I was responsible for cataloging all incoming documents—books, flyers, newsletters, etc. I began to come across many accounts of terrible things happening to women in their homes—beatings, killings, and threats from their husbands and boyfriends. It

struck me how amazing and tragic that what is supposed to be the safest place, our homes, can be the most violent, the most dangerous and the most deadly.

I have tried to reach out to the community to find workable, progressive solutions to preventing domestic violence. I have traveled throughout Minnesota and talked with women who work in shelters, crisis centers, groups that counsel men, police officers, judges, lawyers, and doctors, and the women themselves who are the only ones who can tell us the true reality of violence in their lives, in the lives of their children, and what it does to their families.

I have sought their ideas for strategies for preventing domestic violence. I've sponsored town meetings that have had an overwhelming response from the community. I have learned about many programs that help to break the cycle of violence.

Two of the most successful programs I found are the Children's Safety Center in St. Paul and the Visitation Center at the Victims Resource Center in Austin, MN. These programs provide a safe and neutral place for families that have a history of violence. (Kim Cardelli, your next witness will explain the Children's Safety Center in more detail).

These centers offer a solution. It is simple and it works. They provide a place for parents to have court ordered supervised visits with their children. They provide a place for parents who have custody of their children to transfer the children to the non-custodial parent in a way that prevents violent or abusive encounters. Some of the existing centers provide parenting classes and counseling.

I discovered that these centers are rare but the need for them is great.

The statistics are startling. The National Council of Juvenile and Family Court Judges reported that more than half of the men who batter their wives also abuse their children. Even children who are not physically abused themselves often witness the violence committed against a parent. Often children witness the violence in the context of visitation when parents are separated or divorced. And, according to the U.S. Department of Justice, 75 percent of women who are battered are divorced or separated from their batterers at the time of the incident.

Providing a place where separated parents can exchange and visit their children without fear of a violent confrontation is a logical, effective way to begin to break the cycle of violence. It would be a place for families to begin to build positive relationships.

The Child Safety Act, S. 870, would establish supervised visitation centers across the United States. These centers would provide a safe place for parents to temporarily transfer custody of their children. They also provide a safe place where actual visitation can occur for parents who have abused their children but the courts deem it important for the child and parent to establish a more positive relationship. In addition, the bill contains provisions to clinically study 20 percent of the centers to see exactly how effective some systems are.

In conclusion, let me say that I am not that naive to believe we will be able to end this violence in my lifetime. But that does not mean that we stop trying to move forward in our efforts to prevent and deter the violence.

If we address the violence at home we will be on the road to ending the violence in the streets.

I still have a lot to learn. But have found something in Minnesota that works and I want the rest of the country to benefit from those successes.

I urge your strong support for S. 870, the Child Safety Act. It will protect women, men, and children.

Thank you.

Senator DODD. Ms. Cardelli.

Ms. CARDELLI. Thank you, Mr. Chairman.

I would just like to say that not only is Minnesota the model Children's Safety Center; we are also part of a pilot program in Minnesota. A bill was written 2 years ago, and it passed a year ago in 1992, and the Children's Safety Center received some of that funding, as well as the Austin center and four other centers, as a pilot to see how these visitation centers worked and to make them better. So that is also a model in the United States. But it may be possible that State Governments could also help out in assisting in the funding and starting up of visitation centers.

I would like to recite a poem that I wrote a few years ago about children and the chain of abuse. I recited this the other night.

"Link upon link, child upon child, back generations, the same sullen smile. When will it stop? No one knows. The steel is strong with denials flow. Molten together each separate link, the faces of children who cannot sing. The songs of childhood that once were there were stolen from them at the batters' care. Links will build strong into future paths, as children become batterers in the steels cast. Poured in carefully and hardened with time from history's patterns, secrets and lies."

Heads turn the other way. Eyes close intentionally blinded to their plight. Will we save our children? We say children are the future, but will we protect them now? Yes, children are the future, but if we do not protect them now, they are the future drug addicts, suicide victims, murderers, rapists, runaways, and prostitutes.

Our children have no voice; they have no right to be safe. We must see the wrongs of their innocence and make the needed changes. It should not be a question of how much time or money it takes, because we have no time or money to waste. Our children's future is depending on us now.

Children learn their coping skills the first 5 years of life. What kind of coping skills to we want our children to learn? Children growing up in violent homes are learning to deal with crisis situations in a violent manner. They become the future abusers of the next generation.

What about our children who are being sexually abused? They begin their lives with the extra baggage of guilt, anger, shame. Believing themselves to be worthless human beings, they become the future victims of our society, of domestic violence, prostitution, suicide, and drugs.

We say we want to stop the war on drugs and crime, but unless we take action now and save our children, it will never happen.

The question is do we need visitation centers in the United States. Of course, we can look at statistics. Over 500,000 children currently reside in foster homes; 354,000 children were abducted last year by parents going through custody and visitation battles; hundreds of thousands of kids are witnessing domestic violence in their homes. The list goes on.

But let us look at real cases, real children, because they are the real statistics; they have faces. Let us talk about a little boy in Eagan. Two years ago, he was shot in the head by his father, who had picked him up for visitation. The mother had an order for protection. She took him to his hotel room. He dialed the phone number of the mother, and while he pulled the trigger, told her: "I am shooting your son."

Let us talk about a little boy who was referred to our center. His father hit him over the head with a crowbar. The father has visitation. The little boy is retarded.

Let us talk about a little girl whose drug-addicted mother locked her in the basement while she went to visit her boyfriend. The little girl was put in a foster home. A few months later, she was returned to her mother, and the mother injected her own daughter with drugs. The little girl died of medical difficulties 3 months later in the foster home.

These are real cases. These are real kids. They have real faces. These kids are in danger.

There are maybe 35, 40 visitation centers in the United States. All of them operate on their own creativity. And sure, the Child Safety Act does not have everything perfect in a way that will cover every instance, because we have every kind of child using our center, we have parents who have chemical dependency problems, we have mothers who have mental health problems, schizophrenia. There are so many reasons why children need supervised visitation.

In closing, I would like to recite a poem that was written by Eric Ericson. "Someday, maybe there will exist a well-informed and fervent public conviction that the deadliest of all possible sins is the mutilation of a child's spirit."

Thank you.

Senator DODD. Thank you very much, Kim; well-spoken. That was well-done, and again, we appreciate your being here. You keep fighting.

[Editors Note—Due to the high cost of printing, extraneous material supplied by Ms. Cardelli is retained in the files of the committee.]

Senator DODD. Joni, thank you for coming.

Ms. COLSRUD. Mr. Chairman, members of the committee, ladies and gentlemen, good morning. I am glad to be here this morning to talk to you this morning about some of my personal experiences with domestic abuse and child visitation issues.

I left my abusive husband in June of 1984 and went to live with my family in my home town of Minot, ND. Since that time, I have seen and lived a life that I never dreamed could have happened here in the United States, let alone to me and my children.

My ex-husband came to North Dakota to tell me to come back to Minnesota where I belonged, and that I had no business being there. I told him I wanted a divorce, and not to make it nasty because we had two children to be concerned about.

He went back to Minnesota and filed for the divorce in July of 1984. Because he did the filing, it then became a Minnesota court action. I had temporary custody of the two children, ages 2 and 3, issued by North Dakota courts.

In December of 1984, I received a call from a friend of mine, telling me that my ex-husband was saying he was going to get the children back. I called my Minnesota legal aid attorney and asked her if this was true, and she said yes, it appears that way. They had brought a retired judge in and had a temporary custody hearing, and he had said that the children were born in the State of Minnesota on the family farm and that temporary custody will be placed back in the care of their father.

My ex-husband came to North Dakota on December 24th, 1984 and took the children back to Minnesota. I had to call Chad's Head Start school and tell them that Chad would no longer be attending there. I called Chad's counselor and told her what had happened. She prepared a letter for me to give to Minnesota social services, stating that Chad should continue to receive role-play therapy as he had some signs of abusive behavior.

I left for Minnesota on January 2, 1985 to begin the process of regaining custody of my two children. The reasons the judge gave are not grounds to take away children from their mother. I was also granted visitation of the children at this time. I could see the children for one hour a day while my ex-husband was doing his farming chores. During this time, he would allow me to see them, and sometimes he would cuss and swear at me and tell me I could not see them because it was my turn to hurt, and he would tell me to get off of his property. I would then go up the road and talk to the kids and tell them I loved them. And I could hear him say to the kids, "Sure, you do."

During these times, the kids would come to the edge of the road and bring me pine cones and sticks as presents, and they would ask me, "Mom, why can't we come home with you?

My ex-husband used to make the kids duck down in his truck whenever he would pass me on the road, and after they passed, I would see them stand up and look out the window and wave at me.

They were also told to stick up their middle fingers at me. During one of my visits, Chad showed me a picture of the four of us, and my ex-husband said, "Yes, that is when we were a family—before your mom started pulling all of this shit and leaving. But she had better come to her senses soon."

I asked him not to talk like that in front of the children. He would get mad at me and tell me to get the "f" out of his house. Nikki started to cry, so I picked her up and comforted her. He came over and took her out of my arms and threw her on the sofa and raised his fist at me like he was going to hit me. The whole time this was going on, my son Chad was sitting on the floor, watching.

I told the kids I loved them and that I would see them tomorrow. My ex-husband was yelling at me the whole time for me to get out now. He was not even supposed to be around when I was visiting the children.

I told my attorney and social services what was going on when I would visit the children, but all they would say is, "There is nothing we can do," but that they would try to talk to him about it.

We had another court date in February of 1985 with a new judge. We asked for the custody to be changed back to me, and the judge said that he had not reviewed my case, but doubted very much that he would upset the children again.

The judge also ordered a social services custody study. On April 13, 1985, my attorney called me and said that the judge had given me back temporary custody starting April 15, 1985. My ex-husband would have weekend visitation with drop-off and pick-up of the children to be done at the social services offices, as well as passing back and forth some of their clothing.

One day, the caseworker called us and told us that we were both adults and that there was no reason why the drop-off and pick-up of the children could not be done at our own homes and that the custody study was not complete yet.

So from that time on, we did what our caseworker said. That worked out for a while. Then, one time he came to pick up the kids, and he started cussing at me and asked me what the hell I thought I was doing by not coming home where I belonged. From that point

on, I always had a friend come over whenever he came to pick up the kids.

He also started coming early and would get mad if the kids were not ready to go, even when he knew Chad was still at school.

In 1985 and 1986, my ex-husband told numerous people that he was going to shoot us. At this time, I would like to show you a packet which contains some of the memories my children have, some good and some not so good. And again, this is the reason why I am here today, so that children everywhere can have happy childhood memories, and not ones of abuse, hate, drugs, etc.

In 1985 and 1986, my ex-husband told numerous people that he was going to shoot us. He said that the kids would be better off dead than to be with me. He even told his girlfriend this. I told the sheriff of these threats, but he told me that there was nothing that they could do because it was only hearsay.

On January 2, 1987, my ex-husband came to pick up the children for his visitation with a loaded shotgun. He shot his son Chad, age 6, in the left shoulder, neck and face area. He shot at Nicole and missed her, thank God. He shot me in the right leg, and as a result of the shooting, my right leg had to be removed above the knee.

I would like to add at this point that my ex-husband did not drink, use drugs, nor did he serve any time in the service. None of his actions can be blamed on outside forces.

My whole reason for telling you about this is because I firmly believe that if we had had a children's visitation center available for us to use at the time, none of this would have had the opportunity to take place. In most cases, visitation is used by the abuser to get one last chance to abuse again.

A center similar to what is being talked about here today could put a stop to what has happened in my case and in many others that are even worse than mine, where someone has been murdered. Just the other day, in the State of Illinois, an ex-husband came to his ex-wife's apartment and gunned her down on the sidewalk in front of her two children. This kind of violence has to stop, and you are the people who can make this happen.

Please let these children of domestic abuse grow up in safe and happy homes. One of these days, these children may very well be sitting in the same seats that you are today. Do we really want a person who only knows that the way to get along in society is through abuse? I know I do not. I have lived that life.

That is why I feel so strongly that these centers can put a stop to this way of life for these children of abusive homes. Please, I beg of you, let us give these kids happy home lives and childhood memories to remember. Let us have a visitation center in every State for the safety of our children everywhere.

In conclusion, I would like to say that there is so much more to my story I could tell you about—how social services mishandled numerous things and how the judicial system does and does not work with domestic violence cases even today. Please feel free to call or write to me, as I now reside in the State of Maryland.

And, as long as I have your undivided attention, I have two more things I would like to mention to you. One is that I would like you to remember the disabled community when you vote for the health

bill, and also that I am in dire need of a job, if for nothing else than for my own self-worth.

Thank you very much.

Senator DODD. Joni, we thank you immensely. That is an incredible story. I know you have only told us part of it here, given the constraints of time. Senator Wellstone and I have had a chance to look at these pictures, and you were right—there are some joyful pictures, but there are also some horrible, horrible photographs here as well.

Again, it takes special courage, and you have been through a lot. And while we cannot make any promises on the latter part, you can rest assured that these two Senators will keep very much in mind your first concern, and that is the conditions of the disabled when we start to deal with this health care proposal.

I have a feeling that someone who is as strong and as competent as you are, and what you have been through, will be an added positive addition to any effort, and that you will find a good job very quickly.

Ms. COLSRUD. Thank you.

Senator DODD. Thank you.

[The prepared statement of Ms. Colsrud follows:]

PREPARED STATEMENT OF JONI COLSRUD

Good morning Ladies and Gentlemen, I'm glad I can be here to talk to you this morning about some of my personal experiences with domestic abuse and child visitation issues.

I left my abusive husband in June of 1984 and went to live with my family in my hometown of Minot, ND. Since that time I've seen and lived a life that I never dreamed could have happened here in the United States, let alone to me and my children.

My ex-husband came to North Dakota to tell me to come back to Minnesota where we belonged and I said no and that I wanted a divorce and not to make it nasty because we had 2 children to be concerned about. He went back to Minnesota and filed for the divorce in July of 1984. Because he did the filing it then became a Minnesota court action. I had temporary custody of the 2 children, ages 2 and 3, issued by North Dakota.

In December of 1984 I received a call from a friend of mine telling me that my ex-husband was saying he was going to get the children back. I called my Minnesota legal aid attorney and asked her if this was true and she said yes it appears that way. They had brought in a retired judge and had a temporary custody hearing and he said that the children were born in the State of Minnesota on the family farm and that temporary custody will be placed in care of the father. My ex-husband came to North Dakota on December 24, 1984 and took the children back to Minnesota. I had to call Chad's school and tell them, I called Chad's counselor and told her what had happened. She prepared a letter for me to give to Minnesota social services stating that Chad should continue to receive "role play therapy" as he has some signs of abusive behavior.

I left for Minnesota on January 2, 1985 to begin the process of regaining custody of my children. the reasons the judge gave are not grounds to take away children from their mother. I was also granted visitation of the children at this time, I could see the children 1 hour a day while my ex-husband was doing his farming chores. During this time he would sometimes allow me to see them and sometimes he would cuss and swear at me and tell me I couldn't see them because it was my turn to hurt and he would tell me to get off his property. I would then go up to the road and talk to the kids and tell them I loved them and I would hear him say to the kids "sure you do". During these times the kids would come to the edge of the road and bring me pine cones and sticks as presents and they would ask me "why can't we come home with you". My ex-husband used to make the kids duck down in his truck when ever he would pass me on the road and after they passed I would see the children stand up and look out the window at me and wave. They were also told to stickup their middle finger at me. During one of my visits Chad showed me a picture of the 4 of us and my ex-husband said "yaw that's when we were a family,

before your mom started pulling all this shit and leaving, but she better come to her senses soon." I asked him not to talk like that in front of the kids, he would get mad and tell me to get the "f out his house." Nikki started to cry so I picked her up to comfort her, he came over and took her out of my arms and threw her on the sofa and raised his fist at me like he was going to hit me. The whole time this was going on Chad just sat on the floor watching. I told the kids I lvoed them and that I would see them tomorrow. My ex-husband was yelling the whole time for me to get out now. He wasn't even supposed to be around when I was visiting the kids. I told my attorney and social services what was going on when I would visit the children but all they would say is "there isn't anything we can do", but they would try to talk to him about it.

We had another court date in February of 1985 with a new judge. Weasked for the custody to be changed back to me and the judge said that he hadn't reviewed my case but doubted that he would upset the children again. The judge also ordered a social services custody study. On April 13, 1985 my attorney called and said that the judge had given me back temporary custody starting April 15, 1985. My ex-hu7sband would have weekend visitation with drop off and pick up of the children to be done at the social services office, as well as passing back and forth some of their clothing. One day the case worker called us and told us that we were both adults and that there was no reason why the drop off and pick up couldn't be done at our own homes and that the custody study wasn't complete yet. So from that time on we did what our case worker said. That worked out for a while, then one time when he came to pick up the kids he started cussing at me and asked me what the hell I thought I was doing by not coming home where I belong. From that point on I always had a friend come over when he came to pick up the kids. He also started coming early and would get mad if the kids weren't ready to go even when he knew Chad was still at school. There were also times when he wouldn't bring them back until 10 p.m. I would ask him to bring them home earlier because of it being a school night, he wouldn't so I asked my attorney to ask his attorney to have him bring them home earlier, and still he wouldn't. I asked social services to talk to him about it and that didn't work either so I wrote a letter to the judge about it. It was ordered that visitation was from 3–3:30 pm Friday to 6 pm Sunday (9 am Mondays when there was no school).

In 1985 and 1986 my ex-husband told numerous people that he was going to shoot us. He said the kids would be better off dead then with me. He even told his girlfriend. I told the sheriff of these threats but he told me that there was nothing he could do because it was only heresay. On January 2, 1987 my ex-husband came to pick up the children for his visitation with a loaded shot gun. He shot Chad, age 6, in the left shoulder, neck and face area. He shot at Nicole and missed her, thank GOD. He shot me in the right leg and as a result of the shooting my leg had to be removed above the knee.

I would like to add, at this point, that my ex-husband did not drink, use drugs, nor did he serve any time in the service. None of his actions can be blamed on outside forces.

My whole reason for telling you all about this is because I firmly believe that if we had a children's visitation center available to use at that time none of this would have had the opportunity to take place. In most cases visitation is used by the abuser to get one last chance to abuse again. A center similar to what is being talked about today could put a stop to what happened in my case and in others that are even worse then mine, those where someone was murdered. Just the other day, in the State of Illinois, there was an ex-husband who came to his ex-wifes apartment and gunned her down on the sidewalk in front of their 2 children. This kind of violence has to stop and you are the people who can make this happen. Please let these children of domestic abuse grow up in a safe and happy home. One of these days some of these children may very well be sitting in the same seats that some of you are in today. Do we really want a person who only knows that the way to get along in society is through abuse, I know I don't. That's why I feel so strongly that these centers can put a stop to this way of life for these children of abusive homes. Please, I beg of you, let's give these kids happy childhood memories to remember.

There is so much more of my story to tell about how Social Services mishandled numerous things and how the judicial system does and does not work in domestic violence cases even yet today. Please feel free to call or write me as I now reside in Maryland.

I would like to thank all of you for listening to me today. Oh, 2 other things. First I would like you all to remember me when you vote on the health care bill. Second, I'm in dire need of a job if for nothing else for my own self worth. Thank you again.

Senator DODD. Judge Klas, we thank you again for coming.

Judge KLAS. Senator Dodd, Senator Wellstone, I thank you for this opportunity to speak in support of the Child Safety Act, S. 870. I am pleased to do so because I think it points the way in which the communities of this Nation can protect children from the effects of domestic violence, an issue which has been of acute concern to me in the last 5½ years.

Now, these are hard acts to follow. I do not have the kind of compelling testimony that they have. Yet I have seen and heard their stories, and I understand, as you have heard from other witnesses this morning, that the greatest danger a battered woman and her children face is when she decides to leave the relationship. The reason is not the battering. That is only the end of a long history. The reason is that the central issue is power and control. And when the batterer believes that he is going to lose power and control, he resorts to some very desperate measures.

If the battered woman turns to the judicial system, a judge will probably order that the battered woman furnish visitation to the father of the children. You have heard that described this morning and heard of the problems that that causes. The stage is set for injury and homicide.

Now, judges want to do the right thing. We are not ogres. But we are not experts in domestic violence and the dynamics. We are not experts in the nuances of child development. We are products of our culture, as are all of us, you and me. And our culture, as embodied in our laws, says that parents operate in the best interests of their children, and that children need both parents.

Well, that is true most of the time. But it is not true when one of those parents only wants a relationship with the child to have power over that child; to use the child as a pawn in the dispute with the spouse or the partner; to use the child as a substitute partner; to use the child, in the worst case scenario, for sexual gratification.

The child does not need that parent then. The child also does not need both parents when the child has been the witness to abuse between the spouses because, as you have heard this morning, I am told by researchers that children who witness abuse have short- and long-term effects similar to children of alcoholics or children of war.

I see the effects of that abuse every day in criminal court. I see young men and older men who are accused of assault, who repeat the assaultive behavior upon successive partners. I see the results in females who appear in adult criminal court as prostitutes, or in juvenile court as runways and truants and incorrigibles, because many of those woman have seen abuse in their homes.

In Minnesota as a result of the Gender Fairness Task Force that issued its report in September of 1989, we have made some progress. Law enforcement has developed protocols for handling these kinds of cases appropriately, more appropriately than when I first became aware of this issue in February of 1988.

Prosecution plans. We had a pilot project a couple of years ago where ten prosecuting authorities had to develop a prosecution plan, protocol, for prosecuting these, and it went so well that by June of 1984, all prosecuting authorities in Minnesota—municipal,

county, whatever level—will have to have a prosecution plan for domestic violence cases.

Judicial education in this issue has been a significant focus of our educational effort, but those things can only go so far. In Ramsey County, in St. Paul, since January, we have had Kim's Children's Safety Center. It has been a huge success for the limited number of families it can serve. The educational component that Kim talked about is a very important part of the credibility of the center because it can help parents learn how to relate to their children appropriately. It also can evaluate when parents who have abused their children are ready to resume custody.

I am supporting the Children's Safety Act because I believe that it could help us in Ramsey County to further meet our needs, and it could help communities all over the country do the things that I think need to be done here.

I am impressed by the findings that are in section 2 of the Act. I am impressed by the research components, because we have to evaluate how well things that we try actually work. If they were available in every community, or within reasonable reach of every community, I believe that the Children's Safety Centers could permit custodial and noncustodial parents to visit with safety. It would permit evaluation of when parents are ready to resume custody. It would elevate community awareness of this issue. It would demonstrate Congress' putting its money where its mouth is— determination to put significant resources into the safety of children.

And as you have heard this morning, if we can make homes safe for our children, we will make the Nation's streets safe for us.

Now, as Sheila said, I am not naive enough to think that we can achieve this quickly or easily. These are cultural attitudes toward power and control, between men and women, that are deeply embedded in us, and it is not going to be easy.

What is really needed, as I think you heard in the last panel, is a community working together to change community attitudes. But that does not happen fast, and we can kill a lot of women and children while we wait for that attitudinal change.

Thank you.

Senator DODD. Thank you, Judge Klas, very, very much.

[The prepared statement of Judge Klas follows:]

PREPARED STATEMENT OF JUDGE KLAS

Good morning, Senators. Thank you for the opportunity to speak to you in support of the Child Safety Act, Senate File 870. I'm delighted to support the bill because I believe it points the way in which the communities of this nation can protect children from the devastating effects of domestic violence, an issue with which I have been acutely concerned for the last five and a half years.

A battered woman and her children face great danger when she decides to leave the relationship. That's because the underlying problem in the relationship is not the battering—the physical explosion following a history of intimidation, and emotional, economic and psychological abuse. The real issue is the power and control which all those behaviors produce for the batterer. If a man suspects he's losing that power and control, he often resorts to desperate measures.

When the battered woman turns to the court system for help, a judge will probably order her to provide visitation to the father of the children. Thus, the stage is set for injury and homicide.

Most judges want to do the right thing but they are, after all, just human beings. They are not experts in the dynamics of domestic violence or the nuances of child development. Judges are products of our culture, as are we all. Our laws embody

the predominant view in our culture, namely that parents operate in the best interests of children and children need both parents.

That's true—most of the time. It's not true, however, when one parent only wants "power over" the child. When the parent wants "power over" to use the child as a pawn, as an emotional crutch, as a substitute partner or, in the worst case scenario, as a means of sexual gratification, the parent is not furthering the best interests of the child and the child does not need that parent.

It's also not true that children need both parents when those children have observed one parent physically abusing the other. Children who witness abuse suffer both short-term and long-term effects which many experts liken to the responses of children of alcoholics or children of war. Male children who witness abuse are 700 times more likely to assault their female partners. Male children who are themselves the victims of physical abuse are 1,000 times more likely to abuse their female partners.

I see those long-term effects played out in criminal court every day. I see the young man, just turned 18, who pleads guilty to domestic assault against his girl friend and then comes back within six months when he assaults her again. I first heard of that young man a few years earlier when I held a trial on the termination of parental rights of both his abusive parents.

I see the effects on the young women in adult court charged with prostitution and in juvenile court accused of running away. Most of these women have observed or been the victims of abuse.

When the judge orders such children to visit with the abusive parent, the judge creates a situation that confuses and endangers the children. Are the children supposed to pretend that nothing bad has ever happened? All the adults are pretending. What if the child does something to anger the parent? Will the response be the same abuse as the children witnessed between the adults?

In 1987, the Chief Justice of the Minnesota Supreme Court appointed a 30-person task force to conduct a two-year internal evaluation of the courts to determine whether gender bias affects the fairness of Minnesota courts. The Minnesota Gender Fairness Task Force[1] reported:

1. The Minnesota Domestic Abuse Act explicitly authorizes the judge in an OFP (Order for Protection) proceeding to restrict or condition the time, place, or manner of a non-custodial parent's visitation with his or her children if the court finds that the safety of the victim or the parties' children would be jeopardized by an order that does not provide for supervision.

2. Battered women and advocates expressed concern that some judges do not issue orders for supervised visitation because they fail to understand the dynamic of an abusive relationship. Judges tend to order "reasonable visitation" where a more structured order, setting conditions or requiring the presence of a third party, would reduce the potential for violence. On the judges' survey less than half of the respondents—46 percent of the men and 42 percent of the women—said that they often order supervised visitation during OFP proceedings.

3. Witnesses at several of the public hearings told of judges who refused to order supervised visitation in cases with long histories of violence. One woman explained what happened when she asked a judge to require that her ex-husband's visitation with their four children be supervised. She had been divorced for about a year when her former husband began harassing her. She told the Task Force that he was chemically dependent and had lost his driver's license as a result, that he was violent towards her and also a danger to himself—he had apparently tried to commit suicide while serving time in jail. She petitioned for an OFP and asked for supervised visitation as part of the order. She said the judge believed her ex-husband's assurances that he wasn't using drugs in spite of her contrary testimony, his long history of drug abuse, and the fact that at the time of the hearing his driver's license had been revoked. The judge denied the woman's request for supervised visitation, and when the ex-husband pointed out that he could not drive and therefore could not pick up the children for visitation, the judge ordered her to transport the children to and from his home—a distance of about forty-five miles each way.

4. Another battered woman told the Task Force of a judge who threatened to order her to let her child's father take the boy for visitation even if the father was "crawling up the sidewalk drunk." According to this woman, the judge was annoyed with her for objecting to his order, which defined "supervised" as having to contact

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[1] In typical "Minnesota nice" fashion, Rosalie Whal, associate justice of the Minnesota Supreme court and chair of the task force, believed it would be better to put a positive face on the task force work and thus its name is Gender Fairness, rather than Gender Bias. I note that in the years since the Minnesota Task Force issued its report, other States have adopted this nomenclature.

a third party once a day during visitation. The father in this case had a history of heavy drinking and drug abuse and had threatened the mother's life more than once.

5. Other witnesses told the Task Force of judges who will issue an OFP excluding the abuser from the petitioner's residence and then order unsupervised visitation to take place at that residence. The witnesses emphasized that this kind of order defeats the purpose of an OFP.[2]

The Task Force made:

FINDINGS

Domestic violence is one of the most serious problems faced by our society.

Minnesota has strong and progressive statutes which are not adequately implemented or enforced.

Judges, lawyers, court personnel, and law enforcement officers are not sufficiently sensitive to the problems of victims of domestic abuse.

In certain cases the process discourages abuse victims from attempting to obtain protective orders.

The Task Force then issued:

RECOMMENDATIONS

Judges, attorneys, court personnel and law enforcement officers should be sensitized to the problems of individuals who have been victims of domestic abuse.

The topic of domestic abuse and Orders for Protection—including information about the abuse dynamic and the dangers of victim blaming—should be addressed in judicial education programs.

Continuing legal education programs should address domestic abuse issues.

The topic of domestic abuse should become part of the curriculum in family law courses in the state's law schools.

Domestic abuse issues should be addressed at local bar association meetings. The Minnesota State Bar Association could prepare a videotape presentation for use by local bar associations.

Court administrators and their deputies should have training in the area of domestic abuse as well as a good understanding of Minnesota's Domestic Abuse Act.

In 1988, Justice Amdahl appointed a 14-person Gender Fairness Implementation Committee which has worked, since that time, toward turning the recommendations into reality. There's been some progress:

Law enforcement agencies carried out widespread training in the area of domestic abuse and changed the protocols which govern how they handle domestic violence cases.

In 1991, the legislature set up a pilot project involving ten prosecuting authorities who developed model prosecution plans. The pilot project went well. By July of 1994, all prosecuting authorities must have a prosecution plan for handling these kinds of cases.

The Supreme Court Office of Continuing Education regards domestic violence as one of the most crucial issues to be covered in judicial education courses on a continuing basis.

Despite the progress, the danger to children (and their mothers) which stems from post-separation visitation continues to loom large.

When the Children's Safety Center opened in St. Paul in January of 1993, Ramsey County judicial officers had an opportunity to provide safety to mothers and children when the children visit the non-custodial parent. Unfortunately, the Safety Center can only serve a limited number of families, but it's been a huge success here with those families lucky enough to have been served.

Because of safety concerns, most of the cases the family court refers to the Children's Safety Center require supervision for the entire visit. The histories of these families involve parental kidnapping, physical abuse, poor parenting, and sometimes a long-term lack of contact.

Our court services staff is very impressed by the educational component which is part of the Children's Safety Center. They view it as a way to introduce parents to new methods of relating to their children in age-appropriate ways. We need more programs like it.

I believe the Child Safety Act could help to meet our needs. I'm impressed by the findings set out in Section 2, specifically:

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[2] Report of Minnesota Supreme Court Task Force for Gender Fairness in the Courts, p. 44.

(1) The problem of family violence does not necessarily cease when the victimized family is legally separated, divorced, or otherwise not sharing a household. During separation and divorce, family violence often escalates and child custody and visitation become the new forum for the continuation of abuse.

(2) Current child custody and visitation laws are based on incorrect assumptions that divorcing parents are in relatively equal positions of power and that such parents always act in the children's best interests. These laws often work against the protection of the children and the abused spouse or intimate partner in families with a history of family violence.

(3) Some perpetrators use the children as pawns to control the abused party after the couple is separated.

(8) Approximately 90 percent of children in homes in which their mothers are abused witness the abuse.

(9) Data indicate that women and children are at elevated risk for violence during the process of and after separation.

(10) Fifty to seventy percent of men who abuse their spouses or partners also abuse their children.

(11) Up to 75 percent of all domestic assaults reported to law enforcement agencies were inflicted after the separation of the couples.

(12) In one study of spousal homicide, over half of the male defendants were separated from their victims.

(13) Seventy-three percent of battered women seeking emergency medical services do so after separation.

I'm also impressed that in addition to providing funds for the establishment of supervised visitation centers, the Act seeks answers to the question which troubles child custody workers, courts, parents and therapists: when should visitation resume between a child and the parent who has sexually abused or severely physically abused that child?

If Children's Safety Centers were available in every community or within reasonable reach of every community, we would achieve several important goals:

We would provide safety to children (and custodial parents) during visitation and visitation exchanges.

We would facilitate evaluation of when parents are ready to resume custody of children who've been removed from abusive homes.

We would elevate community awareness of the issues of domestic violence and the fallout from it.

We would demonstrate Congress' determination to put significant resources into the struggle to make our nation safe for its children.

We would go a long way toward making this nation safe for all of us.

It's obvious to me, as I'm sure it is to you, that the ultimate solution to the problems arising from domestic violence is a change in community attitudes. By community I mean all of us, you and me included. In Minnesota, there is some movement toward change. However, I am not naive enough to expect that changing attitudes inculcated through centuries can occur quickly. I am also not naive enough to expect that changing attitudes regarding power and control in the most intimate of human relationships will occur easily. However, without places like the Children's Safety Center, we will continue to kill mothers and children while we wait for that attitudinal change. Thank you.

Senator DODD. I am going to turn to my colleague from Minnesota, who has obviously taken the lead in this particular effort, and I am glad to be supportive.

Senator WELLSTONE. Thank you, Mr. Chairman.

Let me first ask Sheila—and this really builds off the comments the Judge just made—why do we need clinical models? On the one hand you talk about some concrete examples of some centers that you have seen work well in Minnesota, but in the legislation, you call for clinical models. Why is that the case?

Mrs. WELLSTONE. What I said earlier is that we see what is working now, but as Kim and I have said, you see problems down the road, and you see some of the things that are not working exactly the way they should be. So by having clinicians on staff, whereas now we are having to have mainly volunteers or trained volunteers with some professional staff, we do not really know, and we cannot really assess what those problems are. But we are able

to have 20 percent of these with paid clinicians on staff who are therapists, who are counselors, who know how to do the training, who know the signs to look for if in fact the visits with the children and the parents are going properly, if the behavior of the child is changing, saying that yes, these visits are good, and yes, the relationship between the children and the parents is improving. So it is important to have people there who are really trained in both how to work with parents and how to work with children, to see if what is happening is that a successful relationship is being reestablished and if these visitations in fact are good for the child.

Ms. CARDELLI. There is a visitation center in New York that is all staffed by clinical therapists. Rob Straus is here today, and you could possibly ask him some questions.

Senator WELLSTONE. I have one other question for Sheila. What would be the process for implementing this legislation? The thing that we are most interested in, whatever we do here, is making sure that it actually happens out in the communities.

Mrs. WELLSTONE. The regulations are still going to have to be written. The money will be channelled through Health and Human Services, and once the bill is passed, they will take it and see what we plan to do here, and they will write the regulations. Then, applications for grants to set up centers will go through them, and at the end of the year, the assessment will take place through them as to what is happening with the centers.

Senator WELLSTONE. Go ahead, Kim. I will have a whole set of questions for you, too.

Ms. CARDELLI. The bill is set up like Head Start and family planning clinics. It is a categorical grant. Nonprofits and governments can apply directly to the regional office rather than going through the Community Development Block Grant, which is really cumbersome for nonprofits because it goes through so many different channels.

Senator WELLSTONE. A last question on the issue of money. When Senator Hatfield said that we were probably going to try to put these things together and make it one concentrated effort, I thought that made a lot of sense. Where do you see the money coming from?

Mrs. WELLSTONE. I do not know that I can tell you exactly the pot right now, but what I will tell you is that I think that given all the money that we are going to spend for the crime bill and the huge price tag for that, that if we can take a small portion, $30 million, to start this first pilot program for what it will do for the prevention of crime, I think it will be $30 million very well-spent. And if we are going to make the commitment that we are going to make to safety in our homes and in our families, we will find that $30 million, so that we do not have to spend it down the road taking care of the crime that is happening then.

Senator WELLSTONE. Judge Klas, you said something that was very important to me, and this is a question for Ms. Cardelli, actually. You said—and I have been thinking about this as well—that in all the discussion of the community approach, which I think is so important, and integrating services, yes, but in the meantime, let us not lose sight of some concrete steps that we need to take because in the meantime, the violence goes on. And I do not know

that anybody could have ever testified more powerfully than Joni as to what that really means in human terms.

How do you make sure that in fact the visitation center is a safe place? I hear you keep saying that, but how do you make sure of it?

Ms. CARDELLI. In the testimony, we wrote several pages describing security. I know there is a difference of opinion among different visitation centers as to whether that is a necessity.

At the Children's Safety Center Network, it is a top priority. We feel that physical safety as well as emotional safety is important. We heard of the instance where the man walked in with a shotgun in his backpack and shot his son in the therapist's office.

We have a metal detector at the front door. We also have a security guard. The orders for protection and all the paperwork are on his desk, so that if there is an emergency, he can call the police.

We also have a direct line to the police department so that they can respond to anything that would take place immediately.

The way we do our exchanges is really important. At some centers, the mother drops off the kids and the father picks them up, and at the end of the weekend, the father drops off the kids, and the mother picks them up 15 minutes later. Some centers have said security is not necessary because the parents are not in the building at the same time. We say that that does not seem safe. Over the year and a half that we had our statewide advisory committee, we looked at all of these liabilities, and we said what would stop the husband from waiting down the block, and knowing that she is coming to the center, if he were allowed to leave at the end of the weekend first, he could wait down the block for her when she got out of the center, and he could follow her wherever she was going, to her home or wherever.

We did hear of an instance down in one of the southern States where this did happen. A man waited outside; his wife got in her car, and he drove by and shot her in the head.

At our Children's Safety Center, we have the noncustodial parent come first. He or she signs in with the security guard and is taken to the back room, where we set up a TV and newspapers, and a volunteer sits with them. Fifteen minutes later, the custodial parent comes to the front desk and signs in. The children are taken back to her. She signs out and leaves.

He then has to wait 15 minutes before he can leave. This is so that he cannot follow her, if she is with a boyfriend or whatever.

At the end of the weekend, the father comes back to the center with the children—and it could be a mother, too; we have had both situations, noncustodial moms and noncustodial dads—but he comes to the center with the children and is taken back to this waiting room. We set up some mini-activities for the kids and the parents to do, some snacks, and TV and videos. Fifteen minutes later, the mother comes to the front desk, signs in, the children are brought back to her, she signs out, and he waits another 15, 20 minutes before he leaves.

This way, they do not ever see each other. We also do it for our supervised visitation, even with our foster care and everything. We have them come to the center 15 minutes early, and then the other parent comes 15-minute later with the kids for the visitation.

The reason for this is to protect the emotional safety of children, because if the parent is concerned about the other parent, the foster parents being there, or the other parent being there, then it increases the anxiety, and their focus does not always go to the kids. So we also protect the emotional safety of the kids from having to see both parents, or the foster parents, and we do the supervised visitation where they have no contact with the other side.

Senator WELLSTONE. Let me just quickly move on because we may have a vote, and I want the chairman to get a chance to ask questions.

I want to ask Judge Klas—I do not think this is really off the subject of the Child Safety Act—when we had our town meeting in Eagan, I was really impressed by the number of people in the law enforcement community who were there. It was really heartening to see that. Do you see a real change taking place now in the way in which judges, police, and so on are looking at these issues of family violence?

We know what it was like in the past, and I have heard many, many, many women talk about it. But what is your own sense of that as a judge?

Judge KLAS. Over the last 5½ years, I have seen some positive changes. I mentioned some of them, and I think they are growing. I am rather saddened to have to say that I think the judiciary is probably responding less positively than the other two elements—the law enforcement and the prosecution—and it is not for lack of our trying, and as I said, I do not think it is a lack of good will on their part either. It is just that it is difficult to change attitudes that have been there a long time.

Earlier, there was a comment about the best interests of the child. In Minnesota, we have about 12 of them that judges are to look at. And the effect of abuse on the children, if abuse has occurred in the home, is one of them. And the law says we are not to set aside any as more important than the others, but it seems to me that for the safety of the children, that does need to have strong emphasis.

Senator WELLSTONE. Finally, Ms. Colsrud, I would like to hear from you one more time, because I think sometimes if we assume at the beginning that none of this is symbolic, and it is not—that is to say, each year, there is a hearing, each year, there is a discussion, each year, followed by an action—and I do not think any of us here today assume that, and that is why we are here. I think sometimes—and I do not know what the chairman's view would be on this—but I know for myself, sometimes I get energy and determination just from what people like yourself have to say. You just realize that you cannot let up until you are finally able to accomplish something that will be good for people.

What are your hopes for a safe visitation center?

Ms. COLSRUD. My ex-husband still has visitation rights. If he would go into a courtroom today and say, "I want to see my children," he still has the right to do that. Up until last year, I had a guardian ad litem who did say that as far as she was concerned, it was not in the best interest of the children. I asked the judge at the time if he would talk to the children and ask them how they felt about visitation, and he would not. So we had to go to this

guardian ad litem. Up until that point, even when my ex-husband was in prison—he only got a 6-year sentence for what he did, and he was out of prison on April 7, 1992—up until that time, the judge said if the children are emotionally fit, so be it; they will go to prison to see their father on visitation.

So with a psychologist saying no, the children are not emotionally fit, and the guardian ad litem's report, at this time, there is no visitation schedule set, but he could bring that in at any time.

Senator DODD. This is a family court judge?

Ms. COLSRUD. Yes, in Pine County.

Ms. CARDELLI. Joni Colsrud got a bill passed in Minnesota that says visitation can be suspended until a child is 18, and a hearing can be set, and if there are certain convictions, but she was unable to use it because she could not afford the attorney.

Ms. COLSRUD. That is right. It has to be made a motion. It is not an automatic given. It needs to be brought into a motion in front of the court.

Senator WELLSTONE. I would like to thank you all.

Senator DODD. I am going to date myself, but I wrote my Law Review article on the best interest of the child in a case involving custody proceedings in an adoption case, where the New York courts and the Florida courts had verbatim the same statutes; and the New York court held for the natural parents and the Florida court for the adoptive parents. Using exactly the same statute, verbatim, they arrived at entirely different conclusions. So it is just an age-old problem, and it needs a lot of work in so many areas. And we need people like you, Judge Klas, to really get aggressive about this. Your presence here is terrific, but we need more judges out there who are willing to get involved. You have a wonderful demeanor. Judges are busy people, and you could be a wonderful instructor, because there are also egos that get involved in this—and "What are you doing telling me? I am a judge," or "I am a Senator, and Senators do not need to get told things," and so on. So it is a very difficult process to break through that, and I think the point you made earlier was good—these are not bad people, and they do care deeply; they would not be there if they did not. But it is a question of sensitizing and making people aware. But it is an area that clearly needs a lot more work getting the courts to be sensitive. That is an incredible case—it is one thing to get these marginal cases, but my God, what is this person thinking of? I mean, the emotional condition of a child who has to face someone who has taken a shotgun to a sibling—this is incredible to me.

You have done a great deal just by being here, and I want to echo what Paul has said. We have a tendency around here to talk in graphs and charts and statistics, all well-meaning, to try to make our case. And Kim, you said it well—all of us try to do it, and I try to do it on these other issues—but to bring it down to an individual person. Senators, Congressmen and newspapers—we are all the same. It is the old story. Ten thousand people suffer in some natural disaster, and our eyes glaze over; but a story about one child who has fallen into a well becomes a headline story, globally. We can focus on that. We have a hard time focusing.

Today, the story is California, with 500 families displaced. It is almost beyond our comprehension. But had there been one horren-

dous fire there that took one family, there would probably be more people aware of it, almost, in some ways.

We have a vote, so I will just ask one quick question, and if you could give me a quick answer on this; if not, I can submit it in writing.

On the supervised visitation centers, I appreciate you going through that description of how you handle that; it is pretty clever and well-done. It sort of reminds me of the dikes in the canal system when you are moving boats. I wonder if you are providing any services to help families come to grips with this, in addition to that?

Ms. CARDELLI. We try to make visitation really fun. We bring in puppet shows, and we try to build the relationship with the family. For instance, if we have a dad who has two sons, 8 and 9 years old, they will do ceramics or build a model together. We bring them the activities. We do not expect the families to bring things for their children to do. We provide plenty of things for the children and the parents to do. We also bring in therapists to work with the families. We had an art therapist who came in and did puppets and worked with a group of families to teach them how to touch their children and how to hug them and how to get down and play with them.

Starting in January, we will have a therapist come in and work on sexual abuse and how to set boundaries and how to work through music therapy in a nonthreatening way.

The program is really positive. We have a fathers' resource center that teaches an early childhood class. Our dads go to that voluntarily. Amazingly enough, when you say, "It is voluntary. You can go if you want," all our dads go to it because it is voluntary. They love it, and they get the support they need and their learn early childhood and how to be with their 2-year-old.

We do custodial parenting support groups. We have a support group and parenting class where we teach parents how to deal with the effects of the abuse on their children. Children who go through child abuse have nightmares, bedwetting, flashbacks. In my own personal case, my own son used to have a nightmare of a monster chasing him with a board that was on fire. My son had been hit with a board by his father.

In these groups, we deal with those issues, and we bring in therapists to talk to those custodial parents about that.

Senator DODD. I would be most interested in how we could expand that aspect of this, because it is prevention—and not just with the problem cases, but with everybody; everybody ought to go through it.

Ms. CARDELLI. We also do children's groups. We contract out with therapeutic children's groups, and our children go through those groups so that they can talk about visitation and about the abuse that has happened to them.

Our goal is to heal the family if it is possible. Some of these cases are not. We know that eventually, the judge or the courts are going to say this child has unsupervised visitation. We do not have any control over that. But hopefully, by the time they go through our program, they are a little bit safer than when they came in.

Senator DODD. You have all been terrific, and we could spend the rest of the day with you, obviously. But it has been a great start and great help, and again, my compliments to you, Sheila, for what you have done in this area.

Thank you all very, very much.

[Additional statements and material submitted for the record follow:]

PREPARED STATEMENT OF ROBERT B. STRAUS

Dear Senator Dodd, members of the subcommittee, this letter is intended to be entered into the record as testimony in support of the Child Safety Act, S. 870, scheduled for hearings on Thursday, October 28, 1993.

The Supervised Visitation Network was formed in May of 1992 and now represents more than 80 member organizations and individuals who are providers of supervised visitation services across the United States, plus additional members in Canada. Our members are already providing children and their parents critically needed services for safe parent-child contact of the type contemplated by the proposed legislation. We state our strong support of the Child Safety Act and offer comments based on our considerable experience in this area.

Providers of supervised visitation services know first-hand the risk domestic violence presents to parents and children. We are faced daily with the fear abused parents and children experience. In my own state, Massachusetts, the horrifying statistics are that 27 women, 3 men, and 3 children have already been murdered in instances of domestic violence in 1993 alone. In 13 of these situations, approaching one half the total, there were children involved or ongoing disputes between the parents over child custody or visitation. Often these are situations where a battered spouse has escaped the home only to have to meet the abuser the next weekend for the children's court-ordered visitation. So we understand the critical importance of providing safe settings for these exchanges and contacts to occur.

At the same time members of the Supervised Visitation Network are aware that families threatened by domestic violence comprise only a portion of the clients we serve. Children removed from their homes because of abuse and neglect also need supervised contact with their natural parents; children of separated parents who are not physically fighting are at risk where a visiting parent is alcoholic or mentally ill; children separated for a long time from a parent need a safe place for contacts to resume. So we appear here as well to urge that the purposes of this legislation be expanded to include the full range of clients who need supervised visitation services and to support the maintenance of children's access to both parents.

In the following material, gathered from members of the Supervised Visitation Network, facts about supervised visitation are set forth; the needs for supervision services are explained; and the provisions of the bill are analyzed in detail. Where numbers are presented, they are not based on formal research, but are educated guesses from the informal review conducted.

A DESCRIPTION OF SUPERVISED VISITATION

Definition

Supervised visitation is contact between children and their parents or relatives with whom they do not live that occurs in the presence of an observer with the intent of keeping the contact safe. In most instances the visit occurs in a secure, neutral place, but this is not always true, and many programs offer, and a few use primarily, off-site supervision which occurs away from a visitation center.

Populations Served

Two general populations are served.

1. Child protective cases: When children have been removed from the home because of alleged abuse or neglect and placed in foster homes, ongoing supervised contact with the natural parent(s) is mandatory pending investigation, reunification and/or termination of parental rights. Among these families are significant numbers in which spouse abuse further complicates the child abuse that has lead to out-of-home placement. State departments of social services have been supervising visits in these circumstances for years. Often the supervision is poorly done, in inadequate or unpleasant facilities, in the middle of a system that takes far too long to evaluate and make disposition of these cases.

2. Visitation after separation or divorce. Supervision is of contacts between non-custodial parent and child(ren). In most states no services are currently provided for this population. Issues that bring these parents for supervision include questions

about the care and safety of children when with non-custodial parent where there is alleged drug or alcohol abuse, alleged or proven sexual abuse of the child(ren), an interruption of contact with the child(ren) because a noncustodial parent has moved away, been in jail, or has never known the child. A second group of issues involves parental conflict. Most prominent and most relevant to these hearings are situations where there is a history of domestic violence which puts both the children and the custodial parent at risk.

Divorced and separated clients referred to supervised visitation programs are among the most high conflict and dysfunctional families which appear before the court. Nearly all referrals come directly from family courts. We estimate that in upwards of 70 percent of cases referred for services, there is evidence of spouse and/or child abuse. In addition, these families come to programs with a history of kidnapping, threats to kill the children, alleged or confirmed sexual abuse, and neglect. In a significant minority of the families, drug or alcohol abuse presents a risk. Although families at all income levels may need supervision services, the families court-ordered to programs are primarily low income.

Child clients are young, averaging less than five years old, and ranging from under one year old to adolescent. In one representative program, nearly 1/4 of the children had not seen their non-custodial parent for over a month prior to beginning the service.

Supervision services

"Supervised visitation" refers to a range of services:

a) Supervision of contacts occurring on-site" at a supervised visitation center.

—One on one supervision. An observer remains constantly with the visiting parent and child(ren) and is ready to intervene protectively.

—Monitoring of parent-child contact. This supervision is more flexible in the closeness of observation and may include brief unsupervised periods.

—Group supervision of several families at a time

—Exchange supervision. Only the transfer of the child between the parents is monitored. Useful where there is high-conflict and risk between the parents, but where the children are not seen to be at risk with the non-custodial parent.

—Telephone monitoring. Staff reviews the visits by telephone after they have occurred. Useful in relatively low risk situations.

—Therapeutic supervision. The child(ren) and parent meet with a trained psychotherapist whose task is to help the children improve or come to terms with their relationship with the visiting parent.

b) "Off-site" supervision occurring away from a visitation center.

—Generally one-on-one supervision

—Offsite exchange monitoring

c) Related services include education and therapy groups for parents and children, often focused on specific topics: domestic violence, parenting skills, child development. These services can be integrated into a program or clients can be referred out if groups are available in the community.

Supervised visitation is not evaluation, although the reports of observations may be useful to the court or other evaluators. It is also not treatment.

History

Supervised visitation in families where a child has been removed from the home has been done for at least several decades, usually by departments of social service. Supervised visitation in divorced and separated families is a more recent phenomenon. The demand in this context has dramatically risen as the divorce rate has increased, as there has been greater diversity in forms of custody, as child support enforcement has had a side effect of increased disputes over visitation, and has awareness of sexual and physical abuse has at last expanded.

Existing Programs

The Supervised Visitation Network has over 60 member programs in this country. We can make a guess that there are perhaps an additional 30 to 40 programs currently providing supervised visitation and a scattering of individual providers. While the numbers of programs has greatly increased in the last five years, existing programs are able to respond to only a tiny fraction of the need.

Existing programs tend to be small, staffed by 1 to 5 paid employees, often supplemented by volunteers. A few, like the Family Dissolution Program and the Family Connection Center in Indianapolis and the Judicial Supervision Program in Tucson, operate full time. Most operate part time.

On the order of 10 of the existing programs are directly connected with a family court. 5 or 6 have domestic violence and child abuse as a primary focus. Approximately the same number are attached to a mental health clinic. Private charities support some of the programs. The remainder, like Kids Exchange in Texas and Childhaven in Seattle, are free standing services.

A copy of the 1993 Supervised Visitation Network Membership List is attached.

Program Financing

- No program is entirely self-supporting from fees for services.

—For the majority of programs it is estimated that less than half the cost of the services provided are covered by fees.

—Except for the few programs operating on funds provided by family court systems, state divisions of youth services or departments of social services, only a handful of supervised visitation programs operate primarily on State funds. No program is primarily funded by the Federal government. This contrasts with Canada, where significant federal funding has created supervision programs in both Ontario and Manitoba Provinces.

—Nearly all existing programs are struggling to survive on a combination of fees, charitable donations, and foundation grants. In the past six months, a number of programs have had to shut down for lack of funding, and several more have had to sharply curtail services.

Staff and Training

Many programs include trained psychotherapists on their staffs. However, the majority of direct supervision is provided by individuals without graduate level clinical training. It seems critical—if supervised visitation is to remain affordable—that most of the range of supervision services be provided by trained paraprofessionals, supplemented by volunteers.

THE NEED FOR SUPERVISED VISITATION WHERE CHILDREN HAVE BEEN REMOVED FROM THE HOME BECAUSE OF ABUSE OR NEGLECT: AN OVERWORKED SYSTEM; INHERENT CONFLICT OF ROLES.

An Overworked System. When children are removed from parents because of abuse or neglect, it is legally required as well as psychologically essential that they remain in contact with their parents while assessment and treatment continues. Otherwise, reunification becomes increasingly difficult and the children remain the wards of the state, an expensive and often psychologically damaging result. In additional to regular visits with parents, there is a need to arrange and monitor visits with siblings placed in other foster homes and with other relatives. However, social workers in most state departments of social services have immense caseloads. Arranging supervised contact is of relatively low priority, and when contacts do occur, they often take place in inadequate facilities. In Massachusetts, visits occur offices not set up for children, even in converted closets, often with no or a few broken toys.

Conflict of Roles. There is also an inherent role conflict in the way contacts are now supervised. The same social workers who are supervising visits are also evaluating the parent(s) and may be testifying against them in a proceeding to terminate parental rights. This is not a neutral, safe environment in which to have parent-child contacts occur.

There is an urgent need for separate visitation facilities staffed by paraprofessionals trained in observing and intervening in parent-child contacts. These centers would be funded by the states and contracted to provide the parent-child contacts required by law. The result would support reunification efforts, be safe for the children and their parents, and be cost effective.

THE NEED FOR SUPERVISED VISITATION AFTER SEPARATION AND DIVORCE: COURTS WITHOUT OPTIONS; CHILDREN WITHOUT A PARENT; VISITS SURROUNDED BY CONFLICT & DOMESTIC VIOLENCE.

Courts Without Options. Many of the most intractable problems brought before the Family Court involve chronic disputes over access to children whose parents are either separating or have long since divorced. Too frequently judges in child access matters are faced with inadequate options. For example:

Where a non-custodial parent has a history of physical or sexual abuse or where a parent's responsibility is in question because of drug or alcohol abuse or psychological dysfunction, that parent presents a realistic risk to his/her children during visits. Nevertheless continued contact between parent and child often remains important to healthy emotional development. Currently, the resources to arrange protected access are rarely available, particularly to low income families. As a result Judges are faced with the equally unacceptable options of cutting off contact with the non-custodial parent or allowing contact at substantial risk to the child or custodial parent.

Visits Surrounded by Conflict. Intense conflict often occurs between parents in front of children during transitions at the start and end of visits. Early research on divorce suggested that a loss of contact with non-custodial parents had negative effects on children. Recent research, however, has complicated this picture. It indi-

cates that increased visitation in the middle of continued parental conflict appears in fact to have negative effects on children. An important implication is that if children are to benefit from contact with both parents following separation, visits need to occur safely, with minimal conflict.

The Impact of Domestic Violence. Public reaction to the unacceptable level of domestic violence has focused attention on the risk that occurs when children pass between their separated parents. Private and governmental groups have called for visitation services to protect parents and children during these transitions. These are the exchanges that now occur in front of the local police station. Where a history of domestic violence complicates a difficult separation there is also urgent need to assist parents negotiating access to children. Only with the assistance of a neutral visitation service can the risks of coercion and physical danger be minimized.

THE URGENT NEED FOR FUNDING

As is evident from the information above, there are immense and urgent needs for supervision services, only a handful of existing services, and virtually no public support. The Child Safety Act is an important first step to providing the essential resources to meet these needs, and its research component is presents the opportunity to further assess the extent of the services needed.

DETAILED ANALYSIS OF THE LEGISLATION

What follows is a detailed, section by section critique of the legislation in its current form. These comments are based on the reactions to a survey of the Supervised Visitation Network membership. Accordingly, in some cases, alternative reactions to the same section are presented.

As we have said previously, the overall reaction of Network members has been immense appreciation of and excitement about the legislation and the idea that someone in the federal government is taking interest in this issue. The comments are made in the spirit of trying to improve what is already an important bill.

On Section 1. Short Title

Several members were concerned that the title limited the focus to child safety alone and one proposed an alternate title, the "Child Safe Access Act", intended to include both the idea of safety and maintaining contact with both parents.

On Section 3. Purpose.

There is concern that the proposed funding would not cover services for the entire range of families for whom supervised visitation services are important. Virtually all the visitation centers now in existence deal with instances of sexual abuse and case where there has been a history of domestic violence. However, virtually all also provide supervision to families where:

—children are meeting a parent after a prolonged separation

—visits have been aborted by custodial parent

—a non-custodial parent presents a risk to a child because for reasons that do not have to do with domestic violence: drugs or alcohol abuse; mental illness; inadequate parenting skills.

The language in Section 3 of the bill seems broad enough to cover supervised visitation in abuse situations (Paragraphs 1, 2, 5 and 6), cases where a child has been removed from a home after abuse (Paragraphs 3 & 4), for exchange services where there has been violence (Paragraph 5), and in cases where visitation has just been difficult (Paragraph 7). The purposes also include parent and child education and support groups (Paragraph 8).

However, it is not clear that supervision services would be covered:

—where a child has been removed because of neglect rather than abuse;

—where exchange services are needed because of high conflict but there have been no protective orders or restraining orders issued;

—where a custodial parent has stopped visits or alleges that a child does not want to go on visits, but there is no allegation of abuse.

The point is that the language seems too focused just on abuse cases. While we understand that the need for supervision is most critical in these cases, it would make administration of any program very difficult if the other types of cases which the courts will refer anyhow, could not be served. More importantly, many children and families in critical need of services would be excluded.

Some of the language in this section is unclear: For example, in Section 3. (1) "emotional abuse" needs to be defined. In Section 3. (5) the services of providing a

safe place for exchanges and providing protected visitation need to be identified as distinct services.

On Section 4. Demonstration Grants for Supervised Visitation Centers.

(a) IN GENERAL. The language here describes grants for "the establishment and operation of supervised visitation centers". But in (c) (1) the language is "Amounts—shall be used to establish visitation centers." The question raised is whether that language would exclude services already in operation. Nearly all the existing services are struggling to survive, and we want to make sure they would not be bypassed. Also, not all supervised visitation services need to occur at a "center". The entire Judicial Supervision Program in Tucson Arizona operates with all supervised contacts occurring "off-site", away from a center. Accordingly, in paragraph 2. (a) the language should read "the establishment and operation of new or existing supervised visitation centers and programs.

(C) USE OF FUNDS

(1) IN GENERAL. Targeting the economically disadvantaged but permitting others to use the services on a fee basis seems excellent.

(2) COSTS. There was almost uniform negative reaction to the requirement that "the perpetrators of the family violence, abuse or neglect will be responsible for any and all costs associated with the supervised visitation undertaken at the center."

a) A distinction needs to be made between costs of the service and fees charged. Virtually none of the existing programs are entirely supported by fees. In other words "costs" of the services generally exceed the fees charged. By requiring that perpetrators pay "any and all costs", this could mean having to charge immense fees, say on the order of $100 per hour if the actual cost of the service is to be covered.

At the very least, the language could be changed to require that perpetrators contribute to the costs of the service or to require payment of "any and all fees charged for the supervised visitation undertaken". Both of these changes would leave to the agency at least the possibility of charging according to ability to pay on a sliding scale basis.

A number of program directors feel strongly there should be no requirement that costs (or fees) be charged only to perpetrators. Their view is that there are situations in which, even with an identified perpetrator, the service is for the child; and that while both parents should not necessarily pay equally where there has been abuse, it may be appropriate to have both contribute. The contact serves an important function for the child, not just for the visiting parent. From this point of view an important goal is to keep the supervised visitation a child-focused process supported by both parents, yet without inappropriately playing into the control of an abusive spouse. The misuse of financial control in abusive relationships is recognized. Still, there were a number of expressions of preference that the cost allocation be left to the clinical judgement of the individual programs.

b) There needs to be a distinction between "alleged" perpetrators and persons who have been found guilty of abuse, family violence, or neglect. Particularly in the area of family violence there needs to be clarification of what is the definition of a perpetrator. If, for example, the issuance by the court of a restraining order is used as an index of guilt, this could present a problem. Restraining orders are often issued very quickly just on the basis of allegations as a necessary, conservative measure.

Network members raised this issue with some hesitancy, since we are all concerned with the amount of domestic violence, have very direct experience of the dangers, and don't want to be seen as "soft" on holding perpetrators of violence or abuse responsible for their actions. But there are some real practical problems here.

c) One member suggested that payment by a perpetrator should be prorated if the perpetrator is receiving treatment. This would provide a very useful incentive for acknowledgement of abuse and treatment.

d) Finally, the statutory language could run into conflict with a court order which apportions payment between the two parents.

To some extent all this is covered by the language at the start of the paragraph "To the extent practicable, the Secretary shall " But it would be better if there could be clarification in the text itself. Members of the Supervised Visitation Network could offer a draft of alternative language if that would be helpful.

SECTION 5 Demonstration Grant Application

(b) (2) Approval of Grant applications: An application shall "be submitted from an entity located in a State where State law requires the courts to consider evidence of violence in custody decisions".

This is clearly an effort to make sure that State laws include this provision. The provision is one that serves an important purpose. However, most States do not have this language. Our concern is that the States that would be excluded for not having the language would be the ones where there is the least interest in the issue of domestic violence or in visitation centers. Rather than the bill working to create an institution, the supervised visitation center, which will focus attention on the issue of domestic violence, these states would not get new programs, and the programs that do exist in these states will collapse for lack of funding.

SECTION 6. Evaluation of Demonstration Projects.

The reporting requirements for any program which receives a grant are substantial. Overall the requirements look well thought-out, and most of the data requested can be managed by relatively easy record keeping. But even this amount of record keeping is expensive. And there are several specific omissions and difficulties.

In general, to make data across programs comparable the draft appropriately asks for data on both the number of families served and the number of visits per family. However, for meaningful comparison, there needs to be further breakdown of data by type of service provided and the length of contacts. For cost comparisons there needs also ?o be information on the training and credentials (if any) of the providers of the service and some measure of the cost of living index for the geographical area in which the service is provided. With this additional data service and cost per hour could be compared across sites.

Sec. 6. (a) (2) requests data on the number of families supervised by category of abuse or violence. There should be specific inclusion as well of the number of cases of supervision necessary for other reasons: extended parental absence, substance abuse, etc.

Sec. 6. (a) (5) asks for data on "the number of protective temporary transfers of custody during the report year". It is unclear what this means. Is a "protective" transfer of custody one that is the result of concern for a child's physical safety? How is such a transfer different from other transfers of custody? Does this refer only to families while they are being served in a program, or is the expectation that the families' court records would be followed throughout the year. In any event, this would seem to require a search of court records which are outside of the control of the program. Collection of this data, while interesting, should probably not be the responsibility of the programs funded.

Sec. 6. (a) (6) calls for data on "the number of parental abduction cases in a judicial district using supervised visitation services". This requires the collection of data from agencies outside the program. This data collection should not be the responsibility of the individual programs.

Section 7. Special Grants to Study the Effect of Supervised Visitation on Sexually Abused or Severely Physically Abused Children.

The intent of this section for special grants to study the effect of Supervised Visitation on abused children is important. It squarely addresses a central question of whether supervised visitation should be allowed between children who are abused and perpetrators. The research is also directed at the effects of supervised visitation on children. The underlying theme seems to be to test the hypothesis that contact should only be allowed when abusive spouses are in treatment. This is a hypothesis that is important to examine. It also looks like the drafters have some idea of the expense of research because up to 20 percent of the $30 million requested could be used for research.

However, the current draft of the legislation again appears too limited. Particularly if, as we propose, the range of supervised visitation services funded by this legislation is expanded, this section would be even better if the research could also include the effect of supervised visitation on children other than abused children. As written, the research would cover the effect of supervised visitation only on children who had been abused themselves. Where a parent has been abused the draft seems to call for research only the link between abuser treatment programs for perpetrators and the effect on children.

We strongly suggest that the question of whether or not supervised visitation should be allowed with abused children be addressed comprehensively, not focused solely on whether the abusive parent has completed a program of therapy and that the research component be expanded beyond abused children to study the effect of visitation with or without supervision on the entire population of children served by the funded programs. The research should also include a needs assessment to estimate the demand for supervised visitation services within each of the major client populations served.

The research question in Sec. 7(a) (3) on "the relationship between the type of abuse or neglect experienced by the child and the use of supervised visitation centers by the maltreating parent" is unclear.

Under the impetus of two member programs of the Supervised Visitation network, a research team has already prepared a comprehensive proposal for analyzing the impact of supervised visitation programs. Funding for this research is currently being sought. More information can be provided on request.

SEC. 8 REPORTING.

The 18-month time period for reporting is very short for any kind of meaningful follow-up study and raises concern if reauthorization is dependent on results at that time. Allowing an optimistic minimum of 6 months from enactment until the beginning of data collection, and 6 months for the intervention before follow up, the initial 18 month report will have at best data on 2 to 3 months of follow-up. Subsequent annual reports will be more meaningful. Clearly if any results are to be assessed at 18 months it will be essential that currently existing programs be included in the funding and the evaluation.

In concluding, we want to repeat that these comments are made in the context of our support for the legislation. The Network is available to help with this important initiative.

PREPARED STATEMENT OF THE MOYLAN FAMILY

To whom this may concern, this testimony is being submitted in memory of Ayla Rose Moylan. Ayla was a six year old child who was shot in the head and killed by her biological father. This tragedy took place at a court ordered supervised visitation in Danielson, CT. on Nov. 2, 1992. As Ayla's family, we feel compelled to tell her story and expose the unjust treatment of children in our courts. Laws need to be changed, and new laws should be enacted to protect children.

At the time of her murder, Ayla was telling her father that she could love two people, (her biological father and new step father). This barbaric human being was permitted to spend countless hours with this child. Unfortunately for us, Ayla died in a way we all feared for years.

Prior to Ayla's murder there were many warning signals. Professionals in this case chose to ignore the warnings or were limited as to what was done. Due to lack of adequate legal representation, babies such as Ayla, are helpless in custody/visitation/divorce cases. They cannot articulate their needs to help themselves. Legally, Ayla's mom, grandmother, and close family relatives could not help. Because of present laws, a father's documented violent behavior was not considered wrongful enough to suspend visitation privileges. Tragically, the awareness of such issues came into light at the expense of our little girl, Ayla.

The number of domestic violence cases continues to grow in this country. Violence is all around our society. Children are at risk when parents are battling for control.

The system failed Ayla. Protective measures should have been made prior to this tragedy and others alike. Here are cost effective, common sense solutions to protect children from abusive parents. Please acknowledge these, and use your hearts to pursue the safety for all children.

This letter was written by Jo-ann Moylan-Daigle to her daughter Ayla. Jo-ann read this letter to the Select Committee on Children at a hearing on child abuse.

To Ayla Rose Moylan,

Your biological father had the right to visit with you Ayla. He had the right to visit with you even though there was evidence in the court system pointing to the fact that he had violent tendencies.

Your biological father had the right to visit with you Ayla even after his behavior became threatening to your well being. He told you that your family was responsible for crucifying Jesus Christ, and that they hung Jesus on the cross. He told you that your grandmother was blind because she was a mean, ugly lady.

Your biological father had the right to visit with you Ayla, even after he hurt you physically, mentally, and emotionally. He had the right to visit with you even after his behavior threatened your well being. He had the right to visit with you Ayla even after you so bravely reported to the police that you were in fear of him.

Your biological father had the right to visit with you Ayla, under supervised conditional after years of visiting with you privately. You Ayla, had nothing to say about these supervised visits. It did'nt matter to anyone about what you wanted and it did'nt matter to anyone about what I wanted either. No one listened. No one cared to hear us.

You were murdered Ayla, on November 2, 1992, at the offices of the Child Protection Council. The court ordered these supervised visits because your biological father had the right to see his biological daughter. You were murdered by him. You were ordered to visit with him. Your biological father had all of the rights.

Ayla Rose Moylan, my baby, my love, you had no rights. I am so sorry Ayla, for as your mom, I had to do as the court ordered. Now you are gone, and your biological father still has rights.

Proof of Identification

Upon entering custody/visitation/divorce case, parents should show forms of identification. If no legal identification is brought forward, courts can believe identification is concealed for suspicious or fraudulent reasons.

After lengthy custody battle, judge ordered Ayla' s father to submit proper identification. Father withdrew case and agreed on supervised visitation. Court never followed up on identification request.

Other agencies require proof of identification, (banks, hospitals, motor vehicle), why not cases involving children's lives?

Suspend Privileges

Why must children visit with abusive parents? While restraining orders are granted to protect parent and child, the abusive parent must have visitation privileges suspended.

If criminal activity is documented and current, parental visitations must be suspended.

Jo-ann Moylan had restraining order for herself and Ayla due to father's violent behavior. Visitations were still mandatory while order was in effect. Mother had to bring child to visits (confronting abuser), or Mother would have been in contempt of court.

Father was arrested after assault on sheriff was made. Father assaulted sheriff after he handed father restraining order. Father received one year probation and visitations continued.

Father once asked family relations officer, "What would happen if I just blew her away?", Visitations continued.

After mother won sole custody, courts allowed father to leave building first. Courts detained mother, fearing assault might be made against her by father.

Violent behavior of father was known by many professionals, however, visitation was never suspended. Professionals must be responsible to report abuse to police.

Protected Supervised Visitation

Supervised visitations should be PROTECTED VISITATIONS! Safety guidelines must be established in such programs. Video cameras, alarm systems, metal detectors etc. Children should be protected. Bags must be searched before parents enter sight of visitation.

Professionals should be trained in their field. Counselors must be familiar with emotional, sexual, and physical abuse. Classes should be mandated to all staff at visitation sights.

Ayla's father brought gun into supervised visitation. Ayla was shot twice, while her mother was in a nearby room. The social worker was shot several times and survived. Father fled the scene. Ayla's mom had to call for assistance (911), no one else was available to help them.

Child Advocacy Programs Must Be Supported

All children must have the right to an attorney. One who will look out for his/her best interest.

Fearing an abduction would take place, Mother requested a lawyer for child. Court appointed child an attorney. Attorney witnessed living environment at home with mother and daughter. Relationship was considered to be a healthy one. However, attorney could not contact violent father (several attempts were made to pursue him) and evaluate relationship with father and child. Attorney never witnessed relationship between the two. Attorney stated in court that IF an abduction was probable, child was capable of articulating her own needs. Attorney also stated that child was educated with the use of a telephone.

If the representation was in child's best interest, a possible abduction should have been relevant to case. How could a lawyer come to this conclusion without investigating father-child relationship. Representation was quite inadequate.

Children's Rights

Any child under going visitation/custody/divorce case should be taken into consideration for the person he/she is. Constitutional rights should be a prerequisite for all, not a privilege for a few.

Ayla was intelligent beyond her years. She could read and write at a very young age. Upon leaving the Hospital emergency room one evening. (She was being examined for sexual abuse.) Ayla told her mom she wanted to report this to the police. Ayla signed a statement which said she feared her father.

Ayla had no legal rights.

We, Ayla's family, believe that if Ayla's voice was heard these visitations might have stopped. Ayla should have been spared the emotional and sexual abuse. Please allow the voice of children to be heard.

The tragedy of this case is that there were many signs of danger towards Ayla and her mother Jo-ann. Police, lawyers, social workers, and judges are bound by law. Please make it possible for these professionals to work together for all children. Thank you very much.

Prepared Statement of Judith Armatta, Oregon Coalition Against Domestic and Sexual Violence

Every 15 seconds a woman is beaten in this country by someone she loves, who supposedly loves her. One in seven women will be raped by her husband. Domestic violence is the single greatest cause of injury to women. Depending on the year, anywhere from 1,200 to 4,000 women are killed by intimate partners.

Domestic violence has serious, widespread and unnoticed consequences for all of our society.

—Domestic violence causes an estimated loss of $3 to 5 billion annually in absenteeism and an additional $100 million in medical bills.

—Battering accounts for 209 of all medical visits by women and 30 percent of all emergency room visits.

—Battering during pregnancy causes more birth defects than any disease for which immunization is available.

—From 8 percent to 30 percent of pregnant women are battered during pregnancy. These women are 2 times as likely to miscarry 4 times as likely to have low birth weight infants, and these infants are 40 percent more likely to die in their first year.

—Fifty percent of all homeless women and children in this country are fleeing domestic violence.

—One out of every 4 suicide attempts by women is preceded by abuse.

—45 percent of all female alcoholics have a history of battering that preceded their addiction.

—Children in homes where domestic violence occurs are physically abused or seriously neglected at a 15 times greater rate than the national average in the general population.

—In Oregon, we are finding a high correlation between child fatalities and wife battering.

While we hear a great deal of rhetoric about the family and family values these days, the plain fact is that the family is in trouble. Addressing adult domestic violence alone, nearly 2 million women are battered in intimate relationships every year. An estimated 3.3 million children life in families where one adult caretaker is physically and emotionally abusing the other adult caretaker on an ongoing basis. This has profound effects on children—in the present and far into the future. I know. I was one of those children. If I may, let me tell you a little of my story.

Effect on Children

When I was growing up in the middle of this century, there were no shelters or crisis lines for victims of domestic violence. The term battered wife had not been coined. Divorce was still difficult to obtain and only if fault could be proven. Women were expected to marry and make the best of it. There was no welfare or emergency government assistance. The home was a man's castle, a private sphere where the outside world and its institutions didn't interfere. Problems in the family were not discussed outside the family and often not inside it either.

I was born into this society and, unluckily, Into a family where my father drank often, hit my mother and verbally abused her. Every day was dramatic, tension-filled and terror-ridden. To this day, I cannot endure tension-building movies, I can't imagine going through that for fun.

From the time I could comprehend my world at all, I saw my Mother shoved, punched, slapped, knocked down and raped. I heard her accused of sleeping around. I heard her called terrible names. The person who did all this to the Mother I loved so desperately was the father I loved as well. When I got in the way or tried to protect her, I was hit, too. Once, I was knocked down the steps and landed on my head. I can remember plotting with my sister to poison my father's whiskey. Sometimes, we only wanted him to get sick. Sometimes, we wanted him to die. When I was 11, I picked up a butcher knife to stop my father from beating my mother. I didn't use it, but I confronted the possibility that I was capable of killing another human being. At 11, other girls were playing softball and getting crushes.

I also loved my father very much. I could see that he drank to stop some old and deep pain. That he did not fit comfortably into his world or his role as a man. It hurt me terribly to hear him beg my mother for another drink, holding his stomach as if his insides were on fire. I was also fiercely protective of him. I was terrified and conflicted when my grandfather hit him, when the police came to our door, when he was lost in the woods for days. I wanted someone to help, but I didn't want them to hurt him.

More than anything, I wanted someone to stop my dad from drinking and hitting my mom. No one intervened. At 11, while other girls puzzled over algebra, I tried to reconcile loving someone who hurt and scared me and made every day life-threatening.

That was my preparation for the world. It was my first view of my society and the relationships between people. It was my first view of love and affection and caretaking. Unfortunately, this is true for 3.3 million children in the United States today, who witness their mothers being beaten by their fathers. It is part of how children are socialized. Perhaps that's why witnessing abuse of one's mother is the greatest predictor of becoming an abuser as an adult.

Children are primary victims of domestic violence between their parents and adult caretakers. if they are never hit, they suffer significant emotional trauma in the present and far into the future by watching violence and abuse perpetrated by one caretaker on another.

Moreover, children living in homes with adult domestic violence are also physically harmed and physically and emotionally neglected far more than children who do not live in such homes. It stands to reason. With violence as the central dramatic event, there's not a lot of energy for the patience and thoughtfulness necessary for good childrearing.

Correlation With Child Abuse

The high correlation between domestic violence and harm to children has been documented in several recent studies. Just a few years ago, the U.S. Senate Judiciary Committee found that in homes where there is adult domestic violence, children are abused at a rate 1,000 higher than the national average. Battering of women who are mothers usually predates the infliction of child abuse. The March of Dimes reports that pregnant women are at particular risk. More babies are now born with birth defects as a result of the mother being battered during pregnancy, than from the combination of all the diseases for which we immunize pregnant women. At least half of all battering husbands also batter their children. The more severe the abuse of the mother, the worse the child abuse. Daughters are exposed to a risk of sexual abuse 6.51 times greater than girls in nonabusive families. Studies have found that mothers who are the victims of frequent abuse are more likely to victimize their children than non-abused mothers; and that mothers who experience severe violence are more likely to use severe discipline in resolving conflicts with their children. Some in-depth research suggests that mothers are up to eight times more likely to physically abuse a child when they are in a violent relationship than when that same mother is with a nonviolent partner.

in Oregon, we also are seeing a high correlation between adult domestic violence and child fatalities from abuse and neglect. Contrary to popular opinion, the majority of child fatalities from abuse and neglect occurred in two parent families.

These statistics and facts take on form and meaning in the following two stories. One involved a mother who was a recent immigrant from Southeast Asia. Having endured the physical pain and emotional shame from a battering husband, she poisoned her three children, killing two of them, and attempting to kill herself. The second case did not appear in the child abuse statistics. it involved a 19-year-old woman who was beaten and repeatedly kicked in the stomach while pregnant. When she miscarried a month later, she learned her baby had died during that beating. The woman is now serving a seven-and-a-half year sentence for manslaughter after killing her abuser with his gun, in an incident she claims was accidental.

A special task force which reviewed Oregon's unprecedented number of child fatalities from abuse and neglect in 1992 recommended cross assessment for domestic violence by child abuse professionals and vice versa. We also recommended that drug and alcohol treatment programs assess for domestic violence as well as child abuse. With such a high correlation in these areas, this may help us identify more situations that have the potential to lead to lethality. The Domestic Violence Community initiative Act of 1993 will foster cooperative efforts between child protective agencies and domestic violence agencies. That alone could have a significant impact on reducing the incidence of both.

Letter from a Battered Woman: Community Complicity

The following is a letter from a battered woman that was written some time ago and printed in Del Martin book, Battered Wives. It illustrates how our helping agencies as well as our family and friendship networks have failed battered women. What I find so remarkable about this woman's story is that nearly every institution and individual she reached out to was not only unresponsive. They were angry with her for breaking the silence.

Progress to Date

Since this letter was written and since my mother, my sister and I rode around all night in the car with no place to go, major changes have occurred. There is now a shelter 10 miles from where I grew up. I helped start it in 1981, before I ever knew that what happened in my family was domestic violence. Oregon has a shelter or safe home network that serves every county. There are over 2,000 such programs nationwide.

Each of these programs began with the effort of one or two individuals, asking their neighbors, colleagues and friends for help. A large majority of these individuals had experienced battering themselves, and used their safety and knowledge to help other women in similar situations. In Oregon, these programs provided shelter to over 5,600 women and children last year and additional telephone crisis services to nearly 100,000 more. That's larger than the population of all but three cities in the state. Tragically, a majority of callers are now turned away from shelter due to overwhelming demand and lack of resources to meet it. In the Portland Metropolitan area, the turn away rate is 9 out of ten.

In 1977, through the combined efforts of legal aid lawyers, feminist activists and legislators, the Oregon Legislature enacted one of the earliest laws to address domestic violence. Popularly known as the Family Abuse Prevention Act, it became a model for other laws throughout the country. Since then we have done a lot of hard work.

Sociologists and psychologists have begun to research the field, producing countless articles and a number of books. Newspapers, magazines and television do specials on various aspects of violence against women. Foundations provide some funding for services and special projects, governments somewhat less.

Two U.S. surgeon generals have declared domestic violence a national health epidemic. The American Medical Association has made wife abuse a priority and the Oregon Medical Association has formed a special committee on family violence which has been meeting for over a year. Hospital and emergency room protocols have been developed and medical personnel are receiving training.

For the past several sessions, Congress has been considering an Act that would provide substantial funding for domestic violence services, as well as establish violence against women as a civil rights violation with a civil remedy in federal court. I congratulate the Senate on having passed the Violence Against Women Act during the last Session. We hope you will act quickly to pass it again soon and support the House in doing so as well.

I have had the great advantage of working with people from all over Oregon and throughout the United States who are committed to ending violence in the family. This is truly a grassroots community movement. While we learn from each other, each shelter program has arisen through the efforts of local people in their own communities. For the last decade and a half, these domestic violence service programs have been the central motivating forces against domestic violence in their communities.

Community-Wide Effort Needed

After 15 years, we've realized something important and humbling to those of us who think we can change the world alone. We can't. While we have had great impact by providing shelters, advocates, information, public education and training,

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most of it free or at minimal cost, we cannot end domestic violence alone. A community-wide effort is necessary. Domestic violence will not end until it becomes unacceptable within our communities and all their subcultures.

The Domestic Violence community Initiative Act of 1993, which you have before you, was designed with that in mind. The Act provides funding for demonstration projects that are community-wide, interdisciplinary, coordinated and involve all relevant sectors of the community in an effort to address domestic violence. The Act provides impetus for recognizing that domestic violence is not just a police problem or a women's issue or a social service need. It is a tragedy that undermines the basis of our society: how we relate to one another and whether we are able to build community. It won't end until the community decides to put in end to it.

We know that we can make significant social change in a few short years with the proper will, motivation and organization. We no longer let friends drive drunk, thanks to MADD. Smoking, once a symbol of sophistication, is now considered offensive, as smokers are pushed outdoors and more and more indoor environments have become smoke free. Surely, we can make hitting one's loved ones equally objectionable. The Domestic Violence Community initiative Act offers a real possibility of accomplishing that.

Ending domestic violence requires a community effort. It requires doctors to assess for domestic violence and clergy to counsel against it. It requires teachers to educate about it and the media to highlight it in ways that hold abusers accountable. It requires child protective services workers to inquire about spouse abuse where child abuse is present. It requires the police to arrest and judges to lecture, even when we don't yet have programs we know will change abusive behavior. And it requires all of us to interrupt abuse of women, to protest demeaning jokes, to congratulate positive efforts, to speak out and write letters to the editor and talk and listen to each other and collaborate. The Domestic Violence Community Initiative Act will significantly advance these efforts by encouraging people from all sectors of society to take responsibility for addressing domestic violence in their particular arena and to come together to address the problem in a coordinated manner.

In the battered women's movement we have pushed for broader community involvement and responsibility for the problem of family violence. we do this because we are not about institutionalizing our movement. We're folks who'd like to work ourselves out. of a job. Despite some fears, we know that the real solution to domestic violence is community. Community in the broadest, most inclusive sense. Where women and men are equally respected and where all people are considered equally necessary to the best and proper functioning of the community. The Domestic Violence Community Initiative Act will help build community around this issue as every sector of the community becomes a part of the effort to end domestic violence.

Conclusion

When I blew out birthday candles as a child, threw pennies in fountains or wished on the first star at night, I didn't wish for toys or party clothes or even lots of friends. I wished the same old wish over and over: "Please, God, make daddy stop hitting mommy."

Back then, there was only the mystical for me to turn to. Today, that little girl could call on at least some people. With community-wide efforts to end domestic violence, the future can look quite different for our children. Perhaps a teacher will recognize that her silence, shyness and instant obedience are more cause for concern and inquiry than cause for praise and relief. Perhaps the doctor will question her mother's black eye and swollen face—and tell her about the local shelter for battered women and the 24 hour crisis line. Perhaps the priest, hearing her mother's confession of causing her husband's violence will say he is accountable for his violence, not her. Perhaps the family, Police and mental health professionals will do an intervention with him, giving him the opportunity to take responsibility for his alcoholism and violence, giving him the opportunity to live and bring happiness into the world instead of spreading his rage.

When my father died five years ago, I saw in his eyes shock and fear that his life was over—and he had not ever started to live it. He had not repaired the damage done to him or the damage he did to others. Together, we con stop the heartbreak of other lives from being wasted this way.

I hope the Subcommittee will support S. 1572, the Domestic Violence Community Initiative Act. It may be the single most important thing you can do to help communities throughout the country end the tragedy of domestic violence. Then, perhaps someday, we can become a nation truly known for its loving families.

Thank you for your attention and consideration.

Senator DODD. This committee will continue its work in this area, and we will keep you posted. We stand adjourned until further call of the chair.

[Whereupon, at 12:08 p.m., the subcommittee was adjourned.]

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